

MISSOURI

WIC STATE PLAN

FY 2005

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FY 2005 MISSOURI WIC STATE PLAN

EVALUATION OF FY 2004 GOALS AND OBJECTIVES

NUTRITION SERVICES/BREASTFEEDING PROMOTION AND SUPPORT/VENDOR MANAGEMENT

FY 2004 GOALS AND OBJECTIVES
NUTRITION SERVICES, BREASTFEEDING and VENDOR
MANAGEMENT
Evaluation

GOAL: Improve the Nutritional Health of WIC Participants

OBJECTIVE # 1

To reduce the incidence of poor birth outcomes in pregnant women at nutritional risk, as measured by a(n):

- Increase in the percent of pregnant women entering WIC in the first trimester from 36.3% (2001 PNSS) to 45% by 2005.
- Decrease from 28% to 26% during FY 2004 the women smoking during pregnancy as measured the last seven days before the WIC screening (2001 Missouri Information for Community Assessment (MICA) data).
- Decrease in the percent of pregnant women served by WIC gaining over the recommended weight for their pre-pregnancy status from 30.8% (2001 PNSS) to 25% by 2005.
- Increase in the percent of women gaining adequate weight during pregnancy from 73% (2001 Vital Statistics) to 79% by 2005.

Strategies for Objective # 1:

1. Assess the possibility of the addition of the nutritional risk factor for smoking and substance abuse for women participants.

Activities:

- Review the USDA Risk Factor #371 Maternal Smoking and #382 Alcohol and Illegal Drug Use as possible nutritional risks. Determine if there is a need to implement either risk factor.
- Review MICA smoking and alcohol data during pregnancy.
- Identify those local WIC providers with a high smoking during pregnancy rate.
- Identify those local WIC providers with high alcohol intake during pregnancy.

Evaluation – Data on smoking and substance abuse among WIC women were compiled and analyzed. The data was shared with the Division's Smoking Prevention and Cessation project members. WICNS decided not to add the additional risk factors of Maternal Smoking and Alcohol and Drug Abuse to the current risk factors list due to the extensive list Missouri WIC currently uses to assess the health status of clients.

2. Provide information about the harmful effects of smoking and alcohol consumption during pregnancy.

Activities:

- Determine educational materials available for the WIC participants to stop smoking in their household.
- Determine what educational resources are needed by the local WIC providers to educate their participants on reducing alcohol consumption during pregnancy and breastfeeding.
- Collaborate with the Section for Chronic Disease Prevention and Health Promotion to address and share ways to provide education to local agencies with high levels of smoking and alcohol use during pregnancy.
- Collaborate with the Section for Chronic Disease Prevention and Health Promotion, identify funds, and provide “train the trainer” education for smoking cessation and alcohol abuse.

Evaluation – WICNS collaborated with the Department’s Family Health Unit to review current educational materials addressing smoking and alcohol abuse with a goal of consistent messages in educational resources across all health programs. The Family Health Unit has several pamphlets and brochures addressing the topics of smoking and alcohol abuse. The Department also conducted smoking cessation workshops in four locations in Missouri, which were open to staff of the local WIC providers.

The Department’s Committee for the Smoking Cessation within Women of Reproductive Age (SCWRA) is assembling educational packets to make available to home health providers and WIC agencies to assist with providing smoking cessation education.

Smoking cessation information is also being incorporated into the Self Teaching Training Module II that is used at the local WIC providers (LWPs).

3. Assure local WIC providers have resources to make appropriate recommendations regarding weight gain during pregnancy.

Activities:

- Notify local WIC providers with a high incidence of inadequate weight gain during pregnancy, and/or high maternal weight gain of their status above the targeted range. Require the agencies to develop an action plan in 2004 to be implemented in 2005.
- Conduct a survey of identified local WIC providers to determine what information the WIC counselor is giving to the WIC participant.
- Communicate the results of the survey to the local WIC providers.
- Encourage agency staff to provide consistent, appropriate messages to the WIC participants on appropriate weight gain during pregnancy.

- Post on the Nutritional Health and Services (NHS) WIC home page any new education materials addressing weight gain during pregnancy.
- Post on the NHS WIC home page the “Nutrition Health Assessment Handbook”.

Evaluation – Three-year trend data for 10 local WIC providers with highest incidence of less than ideal weight gain have been identified. A survey is being developed to determine what information is being given to WIC participants by local agency WIC nutrition counselors. The survey data will be reviewed and appropriate action will follow with the target completion date of October 1, 2004.

During routine local agency visits (17 visits to date), WICNS nutritionists have been observing what counseling the WIC agencies are providing addressing appropriate weight gain during pregnancy. Two of the 17 local agency visits have been observed giving incorrect information. Both were addressed during the local agency monitoring process and have been resolved.

During August 2004, the University of Minnesota Prenatal Conference will be made available to WICNS staff via video streaming. An Educational Needs Assessment was completed by the local WIC providers. An ongoing compilation of materials is being added to the Department’s web page.

The Nutrition Health Assessment Handbook (NHAH) is a reference guide for proper procedures related to diet and health assessment. The HNAH was first distributed to the local WIC providers (LWPs) in 1996 and continues to be a well-referenced resource. This resource is currently being revised with a target completion date of October 1, 2004. Once completed, the HNAH will be added to the Department’s web page and provided to the LWPs.

4. Implement or revise risk factors by October 1, 2004 based on USDA policy revisions and guidance.

Activities:

- Assess risk factor and policy changes needed for the Missouri WIC population.
- Develop a work plan to complete the revisions.
- Submit revised policies to USDA for approval before required implementation date.

Evaluation – No changes in Risk Factors were added in FY 2004.

5. Assess referrals made at local WIC providers during the last three years.

Activities:

- Identify types of referrals made at the local agency.
- Identify how referrals are made to other organizations.
- Assess how agencies determine the WIC participants’ needs for referrals.

- Evaluate referrals to determine if the decline in numbers is due to more targeted referrals, fewer individuals needing referrals, or other reasons.

Evaluation – The number of referrals made by the local WIC providers have been identified. Currently, the WIC reports capturing the numbers of referrals for a specific time period does not delineate the types of WIC referrals being made. Funding has been requested for *Revitalizing WIC Referrals* through a grant application which will provide on-site resources to assess how referrals are made to other organizations and establish a system to follow-up those referrals and determine selected medical outcomes for those referrals. The *Revitalizing WIC Referrals* grant application proposes that medical providers receive a computer generated referral form if there is a need because of hemoglobin, low height/weight or if intent to breastfeed is marked.

6. Develop an appropriate WIC food package for pregnant women to meet their nutritional needs addressing the high maternal weight gain risk factor.

Activities:

- Complete the work started in FY 2003 to revise the current food package for prenatal women participants.
- Provide technical assistance to the Local WIC providers addressing the new food package.

Evaluation – Effective May 3, 2004, WICNS revised the pregnant women's food packages to issue only reduced or low fat milk. Recipes using non-fat dry milk, reduced-fat milk, and evaporated milk were collected. Reference sheets were developed and given to the local WIC providers to educate the WIC participants of the revised food packages.

7. Assess what WIC outreach materials are used at physician offices.

Activities:

- Survey general practitioners and obstetrical/gynecological physicians to determine what WIC outreach materials they currently have available to them.
- Determine what is needed for WIC outreach materials
- Develop a plan of action to have WIC outreach materials available to physicians.

Evaluation – The physicians' survey was not completed. WICNS has a well-received outreach tool in our balloon brochure, *Get a Nutrition Lift with WIC*. This brochure was developed 3 years ago, and will be sent to pediatricians, obstetricians and general practitioners' offices for their clients. The mailing will include a letter to physicians with general information about the WIC program, address formula issues, and include the revised formula ordering form. Target completion date: October 1, 2004.

OBJECTIVE # 2

Encourage use of appropriate infant feeding practices by families and other caregivers, as measured by a(n):

- Increase in the percent of infants participating in WIC who are breastfed at least six months from 28.5% (2001 PedNSS) to 30% by 2005.
- Increase the percent of infants participating in WIC who are breastfed at hospital discharge from 47.3% (2001 PedNSS) to 57% in 2005.
- Increase the percent of WIC infants over four months who consume appropriate foods by 5% over baseline by 2005.

Strategies for Objective # 2:

1. Compare and evaluate the educational approaches used to promote and support breastfeeding in Missouri.

Activities:

- Co-sponsor a breastfeeding education seminar with the University of Missouri-Columbia.
- Evaluate new and current breastfeeding resources to determine gaps.
- Provide web-based breastfeeding curriculum for health care providers, and market to colleges and universities in Missouri to improve the knowledge of medical, nursing and dietetic students.
- Compile, analyze and evaluate the information collected through the breastfeeding peer counselor program monthly activity reports.
- Share the compiled breastfeeding peer counselor program activities with local WIC providers.
- Compile a list of activities conducted during the 2003 Missouri Breastfeeding Month and/or World Breastfeeding Week by local WIC providers.
- Compile the information collected through the activity report and develop a resource to be used during the 2004 Missouri Breastfeeding Promotion Month.
- Provide education to the local WIC providers on breastfeeding promotion and support.
- Implement an effective and efficient breast pump purchase and distribution system in all WIC provider locations that increases the number of electric single user and multi-user (loaner) breast pumps.
- Assess if the increase in breast pump availability has increased breastfeeding rates in counties who received breast pumps.

- Collaborate with the Section for Maternal, Child and Family Health to identify similar breastfeeding efforts and to develop strategies for combining similar efforts to increase breastfeeding rates.

Evaluation – The breastfeeding Educator Training Program was conducted on November 18-20, 2003. A total of 99 individuals attending the training: Registered Nurses = 55, Registered Dietitians = 13, other = 31. This has been a very worthwhile training with positive comments from the attendees.

The office of Genomics and Newborn Health is working with the Healthy Babies program to review current breastfeeding materials. The Department has a good selection of breastfeeding resources available to the local WIC agencies from the warehouse and on the Department's web page.

A web-based breastfeeding curriculum has been placed on the web and has been marketed to LWPs and health care providers. A web-based Lactation Education Program was developed in September 2003 to be marketed to colleges and universities in Missouri. An evaluation plan of this lactation education program is being developed. WIC Program staff are in the process of making personal contact with targeted schools to improve this education program. The pre- and post- tests are being revised to improve the evaluation process.

Information has been collected from the monthly activity reports of local WIC providers who are participating in the Breastfeeding Peer Counselor Program. The compiled activities will be shared with participants during the peer counselor training session on September 8, 2004.

A survey was sent to each LWP inquiring what activities the agencies conducted during World Breastfeeding Month 2003. Results from the survey will be shared with the LWPs and other Department maternal and child health programs.

Work is progressing on determining an effective and efficient breast pump purchase and distribution system to increase the number of breast pumps available to WIC participants through the LWPs.

Collaboration took place with the Well Child Outreach, Prenatal Case Management, and Home Visiting programs to provide breastfeeding education to all contractors including the LWPs. An educational exhibit was provided during the Capitol Day to educate the legislators on breastfeeding benefits as well as the benefits of the WIC Program. WICNS collaborated with other Maternal, Child and Family Health programs to exhibit at the Health and Aging summit which focused on grandparents to provide support for breastfeeding moms.

Percent of infants participating in WIC who are breastfed at least six months:

28.5% (2001 PedNSS)

29.4% (2002 PedNSS)

30.0% Target by 2005

Percent of infants participating in WIC who are breastfed at hospital discharge:

47.3% (2001 PedNSS)

47.6% (2002 PedNSS)

57.0% Target by 2005

2. Assess the effectiveness of the Loving Support to Build a Breastfeeding Friendly Community campaign.

Activities:

- Survey the staff of the three local WIC providers and the health care providers that participated in the Loving Support grant to evaluate the on-going use of the Loving Support materials.
- Evaluate and compare the breastfeeding rates of these three agencies for the past years and the current year, to see if the Loving Support intervention affected breastfeeding rates.
- Provide information to local WIC providers on how they can access Loving Support resource materials.

Evaluation – Data is being collected from the three agencies that participated in the Loving Support Grant. If this information is favorable, the breastfeeding rates will be emphasized in materials for World Breastfeeding Week (August 1-7, 2004).

WICNS is collaborating with the Genomics and Newborn Health Unit preparing for World Breastfeeding Week in August. Breastfeeding promotion packets are being developed and will be sent to LWP's, home health providers and other health care providers in Missouri. The packet will include information about Loving Support and how to access the Loving Support resource materials. In addition, Loving Support posters will be available to the LWP's.

3. Assess the infant feeding practices of WIC mothers and the educational materials used in WIC.

Activities:

- Continue to identify nutrition education materials to be used for birth to 12 months to fill gaps. Post materials on the NHS home page.
- Provide or identify training for WIC professionals on topics to address nutritional needs of special health care populations.
- Review the issuance status of the food packages for infants by age and evaluate infant feeding practices based on food package issuance.
- Develop a tracking system for non-contract infant formulas, exempt formulas, and medical foods to identify medical conditions affecting WIC participants.
- Evaluate the issuance rates of non-contract and exempt infant formulas.

- Evaluate the issuance status of medical food packages for children, review the issuance status, assess needs, and identify problems.

Evaluation – The needs assessment of educational resources has been completed. The Department is developing a plan to identify resource gaps and make revisions as necessary.

The Department's Nutrition Training Institute provided *Children with SHCN* training on November 14, 2003 with Barbara Linneman, MS, RD, as the presenter; and on May 19, 2004, with Elizabeth Strickland, RD.

Food packages for issuing non-contract formulas were developed and will be implemented during FY 2005. A tracking tool was developed to track the issuance of formulas. Formula issuance and breastfeeding rates are reviewed and monitored on a monthly-basis.

4. Finalize the revised infant dietary intake assessment form and submit to USDA for FY 2004 implementation.

Evaluation – The infant dietary assessment form was revised; however, the drafted tool has not been finalized nor approved by USDA. Target date for completion is during FY 2005.

5. Expand the breastfeeding peer counselor program.

Activities:

- Increase the number of local WIC providers with peer counselors programs.
- Increase the number of peer counselors.
- Increase the number of women contacted by peer counselors.
- Provide breastfeeding peer counselor program training sessions to assure all new peer counselors are properly trained.

Evaluation – WICNS accepted designated Breastfeeding Peer Counselor (BFPC) funding to expand and improve the current BFPC program. The Breastfeeding Coordinator, WIC Director and a WICNS District Nutritionist attended the required USDA Peer Counselor Training Program in June 2004.

The local WIC providers currently participating in the BFPC Program were contacted to identify the status on the number of Peer Counselors in the agencies and to determine incentives for retaining their services for breastfeeding promotion within the agencies.

Research articles addressing breastfeeding and opportunities to improve breastfeeding knowledge were sent to the Peer Counselor program coordinators.

OBJECTIVE # 3

To decrease the percent of Missouri children who are at risk for future chronic disease, as measured by a(n):

- **decrease in the anemia rates of children served by WIC from 13.3% (2001 PedNSS) to 12% by 2005.**
- **increase in the percentage of Missouri WIC children 1-5 years old who consume the minimum number of servings from the Food Guide Pyramid, as measured by:**
 - Fruit consumption from 66.6% to 70% by 2005.
 - Vegetable consumption from 15.1% to 25% by 2005.

Strategies for Objective # 3:

1. Target efforts to increase the fruit and vegetable consumption of children 1-5 years old.

Activities:

- Continue to assess available resources for fruit and vegetable consumption and post materials on NHS home page or link to the applicable websites.
- Require local WIC providers identified in 2003 with low rates to develop a plan of action to improve WIC children's intake of fruits and vegetables.

Evaluation – We are currently reviewing the 5 A Day plan and developing specific activities for 5 A Day month in September 2004. These activities will include notifying the LWPs of resources to incorporate the 5 A Day in their nutrition education efforts that target children. The Eat for Health materials were provided to the LWPs.

The LWPs will be encouraged to include strategies to improve WIC children's intake of fruits and vegetables in their local agency plan. The local agencies are in their 5th year of their 5-year plan, so this will not be effective until FY 2006. The local agencies will be encouraged to include fruit and vegetable strategies within current objectives if compatible.

2. Provide access to multiple sources of innovative nutrition education on iron intake and other key nutrients to improve iron levels.

Activities:

- Continue to identify and/or review and revise the current iron, Vitamin C, calcium, and folic acid resources available for the local WIC providers and post on the NHS home page.

Evaluation – A new *Iron* web page was drafted by a dietetic intern and submitted to the Nutrition Policy and Education Unit Nutrition Specialist for review and revision. The draft includes links to additional iron education.

A new Calcium web page was posted on the website in February 2004 and linked to appropriate pages. The page contains calcium education resources for children ages 1-5 and women of childbearing years, lesson plans and power point presentations.

The *Children and Nutrition, Nutrition for Kids* web page was updated in January 2004 to include links to two new interactive nutrition sites for children.

3. Promote and evaluate programs and resources that encourage the intake of fruits and vegetables by children and families.

Activities:

- Post on the NHS home page the *Take a Trip with Kip* work sheets encouraging children to learn more about fruits and vegetables and to eat more fruits and vegetables.
- Continue to assess available resources for fruit and vegetable consumption available and post materials on NHS home page or link to the applicable websites.

Evaluation – A new web page promoting physical activity during childhood was submitted for posting on the Department webpage. *Take a Trip with Kip* is linked on this page. 5 A Day resource web links are being reviewed to determine appropriateness.

The Eat for Health campaign materials highlight the importance of fruit and vegetable consumption with children as the target group. New links were added for 5 A Day Month, September 2004.

OBJECTIVE # 4

To decrease the percent of children, 1-5 years old, who are overweight (BMI \geq 95th percentile) from 13.1% (2001 PedNSS) to 5% by 2005 in children participating in WIC.

To decrease the percent of children, 1-5 years old, who are at risk of overweight (BMI \geq 85th percentile to <95th percentile) from 15% in 2001 (PedNSS data) to 12% in 2005.

Strategies for Objective # 4

1. Conduct community assessments and identify local nutrition coalitions to promote healthy eating and physical activity for children enrolled in WIC.

Activities:

- Collaborate with the Section for Health Improvement to provide training on “Moving to the Future: Developing Community-based Nutrition Services” to aid communities in assessing their nutrition needs and implementing interventions to improve their nutritional health indices.

Evaluation – *Moving to the Future: Developing Community-based Nutrition Services* was provided in Kansas City and St. Louis in April 2004. 30 people attended in Kansas City, and 35 attended in St. Louis.

2. Disseminate the results of research and demonstration projects that utilize standardized education information on healthy eating habits and physical activity for WIC participants.

Activities:

- Obtain resources on activities and projects to promote the importance of being active during childhood.
- Promote activities for families such as *Take a Trip with Kip* that consider the local environment.
- Promote WIC and Head Start collaboration to local WIC providers who did not participate in the WIC/Head Start pilot project in 2002.
- Provide guidance on nutritional science and policy responses related to the prevention and management of overweight, obesity and other public health issues that have been identified by the Missouri Obesity Council.

Evaluation – A new web page, *Promoting Physical Activity During Childhood* was submitted for posting on the web. This page links to numerous physical activity resources that promote the importance of being active during childhood. The page promotes *Take a Trip with Kip* and other family activities that consider the local environment.

Information from the WIC-Head Start Collaboration Grant was placed on the DHSS web page. Recommendations that were identified in the grant to increase the intake of fruits and vegetables and to increase physical activity were also shared with the local WIC providers via e-mail.

WICNS is collaborating with other Department programs on the Obesity Crosswalk Team. The Missouri Obesity Council is beginning to identify issues and formulate strategies with action plans to be accomplished by March 2005.

Information has been collected about obesity and general health issues related to obesity. This information will be consolidated. Once completed, this material will be presented to the WICNS Unit management and shared with the local WIC providers. Target date is September 30, 2004.

3. Research and develop activities to promote physical activity at local WIC providers and develop a list of suggested physical activities for local WIC providers.

Activities:

- Develop an activity report form for local WIC providers to collect, compile, and share ideas on physical activity programs with other local WIC providers.

- Assess the possibility of developing “Missouri Talks” web site similar to the USDA web site “WIC Talks” for sharing information.
- Collaborate with the Bureau of Health Promotion to promote the theme “*I’m Moving*” as a physical activity campaign among local WIC providers.
- Continue to identify or develop culturally appropriate counseling materials for the “at risk of overweight” child.
- Disseminate information and materials from “*Fit WIC.*”

Evaluation – The Department’s Crosswalk Team (of which WICNS is a participant) is looking at the entire Department’s activities to increase physical activity, decrease obesity, and increase breastfeeding. The team’s goal is to combine the resources of the entire Department to better affect these outcomes.

In addition, WICNS is developing a Technical Assistance Communication with the LWPs for sharing information on many topics including physical activity. WICNS will be focusing on the new Technical Assistance Communication idea for sharing information with the LWPs.

Prevention and Intervention: Overweight in Children with Special Health Care Needs training, conducted in November 2003, included a session on increasing sensitivity in counseling through identification of cultural core values.

OBJECTIVE # 5

To decrease the percent of WIC women participants who are at nutritional risk for acute and chronic diseases as measured by an increase in the percent of WIC women participants who have a BMI < 26.

Strategy for Objective # 5:

1. Provide training and resources to WIC providers and health care providers addressing adult obesity and its relation to chronic diseases.

Activities:

- Develop a handout identifying key nutrient values (i.e. fat, protein, fiber, sugar etc.) for WIC approved foods, which can be used when discussing WIC approved foods with participants.
- Explore the possibility of providing a program “*Missouri WIC EAT HEALTHY*” to encourage WIC participants to choose food wisely and eat healthy.
- Explore the possibility of a program “*Missouri WIC WALK*” with the potential to declare a WIC Physical Activity Week in the WIC Calendar year to run concurrently with the Physical Activity Month Celebrations.

Evaluation – WICNS has identified key nutrient values (i.e. fat, protein, fiber, sugar, etc.) for WIC approved foods, which can be referenced when discussing WIC approved foods with participants. Recipes from other states and resource materials have been collected and handouts are being developed for WIC participants to help them choose food wisely and eat healthy. In addition, WICNS is participating in a new department-wide Obesity Crosswalk Team. These resources will be incorporated into existing WIC provider training and shared with local health care providers.

OBJECTIVE # 6

Strengthen the statewide public health nutrition system by improving caseload management and customer service within and between State WIC office, WIC local providers, WIC participants and vendors of WIC foods.

Strategies for Objective # 6:

1. Assess needs for improvement in WIC services from participant perspective:

Activities:

- Assess customer satisfaction of WIC participants.
- Identify and implement process improvement as identified by the Business Process Re-engineering (BPR) project to improve efficiency and quality of service.
- Review WIC foods and obtain food item lists from other states for the culturally diverse population.
- Review the WIC approved food review protocol, selection criteria, and application form. Revise as needed in preparation for the FY 2006 food list evaluation.
- Develop and conduct a survey to determine the participants' preferences for nutrition education learning (i.e. computer-based, poster sessions, group classes, one-on-one counseling, activity packets, etc).
- Train the local WIC providers on how to identify and use educational resources available to them.
- Provide guidance and training on how the local WIC providers can develop educational materials that are specific to their WIC populations.
- Revise the brochure "*Exit Counseling*." Post this resource on the WIC web page. Assure participants receive this information when graduating from the WIC program.

Evaluation – Part of this strategy was completed with the WICNS Business Process Reengineering (BPR) project. Customer satisfaction of WIC participants was assessed

using interviews and surveys of 50 participants, representing 15 or 13% of Missouri's total local WIC providers.

Initiatives for process improvement were defined in the final BPR redesign document and presented to unit management in April, 2004. Several initiatives listed are in the process of being implemented.

WIC food lists from other states were collected and reviewed to identify food items for the culturally diverse population. A Task Group was established in April 2004 and has been working on reviewing and revising the WIC approved food review protocol, selection criteria, and application form.

A questionnaire to determine the participants' preferences for nutrition education (i.e., computer-based, poster sessions, group classes, one-on-one counseling, activity packets, etc.) is being developed. The Notification of Proposed Study for the IRB will then be written and submitted for review by September 30, 2004.

Outside resources such as WIC Works and Bright Futures have been reviewed for potential inclusion in WICNS education resources. Changes to the WIC Track Training Modules were made that identified additional educational resources available to the LWPs. The Nutrition Training Institute (NTI) surveyed Missouri's LWPs and local public health agencies on the Education and Training Needs of Community-Based Professionals. The results indicated the need for Nutrition Services for Children with Special Health Care Needs and University of Alabama's Food Allergies in Children. A May 2004, training focusing on Nutrition Services and Children with Special Health Care Needs included a notebook of materials that contain a resource section for providing nutrition education to that population. A Bright Futures training is planned for the fall of 2004 dealing with Nutrition Issues: Infancy through Adolescence.

The Exit Counseling brochure is being revised and will be made available in the Department's warehouse and posted on the WICNS website by September 30, 2004.

2. Assess needs for improvements in service delivery and resources from provider perspective.

Activities:

- Evaluate and monitor the issuance rates of non-contract formulas.
- Educate the staff at the WIC providers on the new rebate formula and the significance of appropriate use of contract and non-contract formulas.
- Complete the implementation of direct entry so that all WIC providers are using this for entry of certification and nutrition education data.
- Complete the implementation of the WIC Certifier project.
- Implement the revised local agency monitoring tool by February 1, 2004.
- Conduct public hearings on the WIC Regionalization Project with current local WIC providers and other interested parties.

- Assess the needs of and the costs for printed copy of specific forms and required educational resources. Determine the most cost effective way of providing.
- Review and revise the Formula Reference Guidelines to allow registered dietitians and/or nutritionists to approve additional formulas at the agency.
- Continue to update the list of related web addresses that can be used for appropriate educational purposes and post these on the NHS web page
- Develop specific training materials in Computer Based Training (CBT) format for local WIC provider staff utilizing current Folio and Publisher software programs. Training resources will include the Food Instrument Custodian (FIC) Guide and Self-Teaching Manual Volume II (STTM-II).
- Develop and implement a plan to assure local WIC providers are accurately performing routine agency self-monitoring and taking appropriate corrective action.
- Provide an overall program refresher training to local agency WIC Coordinators and Nutrition Coordinators focusing on income assessment, initial nutrition education contact, risk factors and other frequently occurring violations identified during contract monitoring.
- Create a training resource reference to assist local agency coordinators to provide trainings for their staff in response to Corrective Action Plan (CAP) violations.
- Develop counseling tools to assist CPA and Nutritionist in providing nutrition education/counseling for specific risk factors, referral, etc.
- Begin design activities to prepare for implementation of new data system when funding becomes available. Identify development resources, key architects and functional experts needed for the project. Request OA funds or use of MIS spendforward as needs are identified.
- Provide Hispanic ethnicity survey results to the local WIC providers to utilize when communicating with their Hispanic population.

Evaluation – A tracking system for non-contract formulas was developed, and the issuance rates are monitored for some but not all formulas, on a monthly basis. The LWP staff was educated about utilizing the new rebate formulas food packages, and technical assistance was provided for implementation.

An Operational Adjustment (OA) grant request for statewide implementation of the direct entry (DE) of the WIC certification forms project was submitted to the USDA. The OA request was not funded. However, this project has been piloted by 12 LWPs since 2001, and preliminary data shows significant improvement in service delivery for those agencies.

The WIC Certifier project is being finalized. The policies affected by the use of WIC Certifiers have been revised, and reviewed by field/central office WIC nutritionist staff.

These will be submitted to the USDA as part of the 2005 WIC State Plan. Once approved, the WIC Certifier will be implemented statewide.

The WIC Regionalization Project, which was to consolidate the existing 118 local WIC providers into fewer regionally based LWPs, did not take place during FY 2004. Due to the complete reorganization of the Missouri Department of Health and Senior Services and the resulting administrative challenges, the decision was made to postpone this possible consolidation.

A task group consisting of state and LWP staff was formed to assess and determine the most cost effective method by which local WIC providers can receive printed forms and resource materials in a timely manner. The final report and recommendations are under review by the WIC management team.

The Formula Reference Guidelines were reviewed and recommendations for revisions have been drafted. Due to the cost containment issues WICNS is currently addressing, the guidelines for approval of formula usage at the local agency level are being evaluated again. The revisions of the Formula Reference Guidelines will be complete by end of FFY 2004.

The Department of Health and Senior Services is currently revising its website. WICNS is updating the information and resources, including the list of related web addresses and brochures to be used for appropriate educational purposes. In addition, WICNS has developed a listing of available resources based on specific topics covered by eligible participants for nutrition education and counseling.

The Food Instrument Custodian (FIC) Guide has been developed in Folio/CBT format. The Guide is undergoing testing, and will be released with the updates to the FY2004 WOM by September 30, 2004. The Self-Teaching Training Manual Volume II (STTM-II) has been electronically formatted and is being provided to the local WIC providers via CD.

The local agency monitoring tool is being revised and will be submitted to MPRO for review and approval in November 2004. The monitoring form has been revised to include a column for self-monitoring reporting by the LWP on the right side of page. The draft forms are currently being used during a testing phase.

The overall program refresher training activity will not be completed by September 30, 2004. Nutrition Coordinator and WIC Coordinator training was conducted during FY 2004 and will be repeated during FY 2005.

Counseling standards to be used by LWPs are being developed. The draft standards will then be piloted, evaluated, revised and submitted for final approval after September 2004.

Results from the Hispanic ethnicity survey will be shared with the local WIC providers via the DHSS web page and e-mail during FY 2004. Recommendations for communicating with the Hispanic WIC population that were suggested in the survey will be included in the e-mail communication.

3. Improvements to Vendor Management:

Activities:

- Continue refining the vendor monitoring compliance components for identification of high-risk vendors.
- Increase the number of inventory audits to high-risk vendors who may be defrauding the program.
- Study the current contract stocking requirements and develop tiered stocking requirements that are based on store sales volume, volume compared to vendors with same square footage, and area caseload if appropriate.
- Determine the value of piloting a vendor self-monitoring tool with chain stores and grocer's associations.
- Increase the number of women, infants, and children receiving benefits from WIC.

Evaluation – As of June 15, 2004, WICNS has met the minimum USDA requirements for monitoring reviews and compliance buys for FFY04. By September 30, 2004, all follow-up inventory audits for the compliance buys will be completed. WICNS has increased the number of its monitoring reviews during FFY 2004 over the previous two years. A new system was implemented beginning with the October 1 vendor contract to assess fines for violations of contract requirements. As of the third quarter, 110 vendors have been assessed fines, totaling approximately \$10,000.

In addition to the increased number of monitoring visits performed, WICNS has established peer grouping for both pricing and tiered stocking requirements and is awaiting MPRO approval before implementation. The use of the new peer groupings to identify vendors will enhance the unit's ability to quickly identify possible fraud or vendors who are at high-risk due to pricing or stocking. WICNS is currently reviewing the high-risk indicators quarterly to determine which are the most effective in identifying problem vendors.

The vendor and farmer training program has been instrumental in reducing the number and the severity of the violations found. The annual vendor training was conducted in August, 2003 for the new contract beginning October 1, at various sites around the state. The FMNP training was conducted in six sessions, at five locations in the state for 115 farmers.

4. Caseload Management:

Activities:

- Require targeted agencies that have high no-show rates to develop a plan to lower the rates.
- Provide guidance to local agencies on ways to decrease high no-show rates.
- The "*Welcome to WIC*" resource was developed and made available for distribution to WIC participants. Survey local WIC providers and participants to determine usefulness of the "*Welcome to WIC*" brochure.

- Post both English and Spanish versions of the “Welcome to WIC” brochure on the WIC home page.
- Collaborate with health care providers to develop an effective referral mechanism.
- Use information from interviews with local agency staff and WIC participants during the BPR process to identify barriers to WIC service.

Evaluation – The no-show rates by individual LWPs and geographic districts in Missouri were collected and analyzed, and the extent of the missed appointments was determined. Research is being conducted in the literature and of other states to determine comparable no-show rates, what strategies have been successful in reducing them, and will be completed by September 30, 2004. A report will then be prepared of the findings that will contain recommendations of strategies for implementation by those LWPs with high no-show rates.

Local WIC Providers and participants were surveyed about the usefulness of the "Welcome to WIC" brochure during the March WIC update training sessions. The results indicated that both the LWPs and their WIC participants thought the brochure was useful. The English and Spanish versions of the “Welcome to WIC” brochure are in the process of being posted to the DHSS website which is planned to be available November 1, 2004.

Barriers to WIC services were identified as part of the recent BPR Project from interviews with local agency staff and WIC participants. A report that summarizes these barriers to WIC services has been developed and will be used by WICNS management to develop strategies to reduce these barriers.

5. Data Management:

Activities:

- Continue the development of data warehousing to gather and analyze data from WIC, PedNSS and PNSS.
- Proceed with the analysis of the WIC systems using the BPR process to evaluate WIC participant, vendor and WIC program activities. This effort is in preparation for the creation of a general design for an automated system that supports WIC operations and business activities.
- Continue to expand reporting capabilities to local WIC providers, allowing them to directly access information and historical data specific to their agency and compare against statewide statistics.
- Determine workstations (personal computers and printers) needed based on local agency caseload, staffing and clinic configuration. Continue replacement and upgrade activities with modifications based on assessments.
- Develop a technology strategy to implement conversion of food instrument (FI) printing from ribbon and pin type printers to secure MICR toner based system. Request OA funds as needed. Convert if and when funding is available.
- Link Geo-mapping capabilities to data warehouse information. Request OA funds as needed.

- Work with the DHSS Office of Information Systems (OIS) to do data traffic studies of a statistically significant percentage of local WIC provider clinics to create projections of data resource needs for future development. (Rationale: WIC shares data circuits with other health programs of the state. Cost allocation and resource sharing are emerging issues. The increased demand for data versus printed material continues to expand the bandwidth requirements of the network, threatening efficiency of service delivery by the local providers. Modern networks allow tracking of data usage and studies of this utilization aid in planning future growth and development of data resources to meet the demands of e-government.)

Evaluation – The BPR report is complete and includes initiatives which can be incorporated into the state plan for 2005 and beyond. Many projects will require little or no technology to support and if funding is not available for MIS, staff time can be redirected to the non technology-dependent process improvements.

Data models and security plans are being refined and coded. Initial data models are complete and only coding and testing remain. DHSS has changed data access tools and retraining of staff will need to be added to this project before releasing to end-users. The project should be completed by the end of the FFY 2004. Additional costs may be incurred because of a change to the standard software for data access. DHSS has adopted Crystal Reports (CR) as the standard tool. WICNS does not have trained users in Crystal Reports and will need to develop that skill in its employee base for maximal usage of the data mart.

A new formula for computer workstations-per-client has been developed. The agency model is based on time of service noted in the WOM and the direct entry of data to Personal Computer rather than on paper forms. Funding is limited for replacement and the cycle for PC replacement will need to be stretched to a 6-year rotation until further funding is available. A plan for the replacement of aging equipment is developed, and the order may be placed early in the fourth quarter. Missouri Smart-buy plan may require additional time to order and ship, resulting in new equipment arrivals early in the first quarter FFY 2005. Additional considerations are also needed regarding on-site laser printing by LWPs, since the current model printers have a high failure rate.

The project to develop a technology strategy to implement conversion of food instrument (FI) printing from ribbon and pin type printers to secure MICR toner based system was cancelled due to the lack of OA funding. This project will likely be postponed for at least two years due to cost factors and limited funding.

The project start for Geo-mapping capabilities to data warehouse information was delayed pending funding approval. SAGENT product will create geo-coding tables for data in both ODS meta data and data mart. The data warehouse will include both the record as entered and the stack of possible matches returned by SAGENT software. (The SAGENT software matches data records with USPS records of valid addresses.) Data models for this are completed. This project should be completed on time.

The Data Traffic study was completed on the IDMS side during the second quarter (WIC is very low % of volume - Network side still unavailable). DHSS central computer unit (CHIME) announced that it is developing a department-wide cost allocation plan. Completion is expected in early FFY 2005. The proposed plan may make further allocation studies related to this activity unnecessary.

**ANNUAL WIC STATE PLAN AND PROCEDURE MANUAL CHECKLIST FOR FISCAL YEAR 2005
(ABBREVIATED)**

Part A. The following standard provisions are **REQUIREMENTS** and must be provided for the annual State Plan Update:

1. Signed letter by the State agency designated official responsible for ensuring that the program is operating in accordance with the State Plan. (Cannot be WIC Director)
2. Two, original Signed Federal/State Agreements, including the Drug-Free Workplace Certification assurance contained in the agreement. Unless annual single State/State Agency Drug-free Workplace Certification statement is used and on file.
3. Goals and Objectives, including New Goals and progress/status report of Continuing Goals:
 - a. Nutrition Services Initiatives to promote and support breastfeeding. (Please include the State Agency's baseline and target breastfeeding rates for this fiscal year. Describe the source of data used for the rates.)
 - b. Vendor Management
 - c. Other Program Goals
4. New Fiscal Year 2004 Income Guidelines. See Part D.

Part B. The following items must be provided **if applicable**:

1. If changed from the previous State Plan submission, annual public notification procedure of availability of WIC Program benefits.
2. If changed for the previous State Plan submission, provide the procedure under which the general public is provided an opportunity to comment on the development of the State Plan.
3. If applicable, provide operational or staffing changes affecting the State Agency staffing pattern, and an organizational chart reflecting WIC's placement.
4. If changed from previous State Plan submission, provide a list of areas operating both WIC and CSFP.
5. If changed from previous State Plan submission, procedures for filing discrimination complaints must be provided if any State Agency agreements contain State or Indian Tribal Organization identified Civil Rights protected classes other than the FNS WIC classes of race, color, national origin, age, sex and disability. (Copies of these Agreements must be provided)

Part C: In addition a description of any changes in policy or operations which have occurred as a result of the following:

1. Statewide implementation of a new ADP system.
2. Changes in procedures in other State offices/agencies which affect WIC.
3. Changes in procedures as a result of implementation of any new Food and Nutrition Service policies.
4. Changes in Procedures as a result of implementation of any new State-initiated policies.

Part D: To be completed and submitted with the FY 2005 State Plan and Procedure Manual

New Policies/Procedure Manual changes (To assist the SA, legislation, regulations and policy which have become final since the previous State Plan Guidance are listed here.) SAs are reminded that new procedures, based on older regulations or policy, must be submitted for Regional Office approval prior to implementation.	NOT IMPLEMENTING/ NOT CHANGING CURRENT PROCEDURE (Operational policy or provision)	POLICY LOCATION: SECTION, PAGE NUMBER	PROPOSED DATE OF IMPLEMENTATION (DRAFT PROCEDURE SUBMITTED)	IMPLEMENTATION DATE (ALREADY APPROVED BY RO)
GENERAL				
New Poverty Income Guidelines dated April 1, 2003, as required by Policy Letter WC-0-11-P, WIC Income Eligibility Guidelines. This policy memo provided the updated allowable income limits for families applying to participate in WIC.		Missouri WIC Income Guidelines		4/1/04
Local Agency Monitoring Reviews dated March 28, 2003, as required by Policy Letter WC-03-17-P, Immunization Screening and Referral in WIC (requesting update, report due to Regional Office by 12- 01-04). This policy memo is to assure that children served by WIC are screened for immunizations and if needed referred.			The survey results of the Immunization Screening FY 2004 are attached.	Local agency monitoring tool addressing immunizations was submitted with the FY 2004 WIC State Plan.

New Policies/Procedure Manual changes (To assist the SA, legislation, regulations and policy which have become final since the previous State Plan Guidance are listed here.) SAs are reminded that new procedures, based on older regulations or policy, must be submitted for Regional Office approval prior to implementation.	NOT IMPLEMENTING/ NOT CHANGING CURRENT PROCEDURE (Operational policy or provision)	POLICY LOCATION: SECTION, PAGE NUMBER	PROPOSED DATE OF IMPLEMENTATION (DRAFT PROCEDURE SUBMITTED)	IMPLEMENTATION DATE (ALREADY APPROVED BY RO)
Maximum Penalty/Fine for Misuse or Illegal Use of WIC Program Funds, Property or Assets, dated march 18, 2004, as required by Policy Letter WC-04-10-P. This policy memo establishes the maximum penalty that a vendor may incur for willfully misapplying, stealing, or fraudulently obtaining WIC Program Funds.				Vendor contract submitted with the 2004 WIC State Plan.
Exclusions of the Earned Income Tax Credit (EITC) from Income Eligibility Determinations for WIC, dated August 7, 2003, as required by Policy Letter WC-03-31-P. This policy memo provided guidance on whether the Earned Income Tax Credit should be excluded as income in determining eligibility for WIC. This issue only concerns a “traditional” WIC income eligibility determination involving the use of pay stubs or other documentation to establish the actual income of the family, which is then compared with WIC income eligibility guidelines.		ER #3.02000, B. 10 Also included with this policy is addressing: WC-04-27-P. ER # 3.02000, B. 5.	October 1, 2004	

FY 2005 MISSOURI WIC STATE PLAN

FY 2005 GOALS AND OBJECTIVES

NUTRITION SERVICES, BREASTFEEDING AND VENDOR MANAGEMENT

FY 2005 GOALS AND OBJECTIVES NUTRITION SERVICES, BREASTFEEDING and PROGRAM ADMINISTRATION

GOAL: Improve the Nutritional Health of WIC Participants

OBJECTIVE # 1 – Improved Birth Outcomes

To reduce the incidence of poor birth outcomes in pregnant women at nutritional risk, as measured by a(n):

- Increase in the percent of pregnant women entering WIC in the first trimester from 36.3% (2001 PNSS) to 45% by 2005.
- Decrease in the percent of pregnant women served by WIC gaining over the recommended weight for their pre-pregnancy status from 30.8% (2001 PNSS) to 25% by 2005.
- Increase in the percent of women gaining adequate weight during pregnancy from 73% (2001 Vital Statistics) to 79% by 2005.

Strategies for Objective # 1

1. Enhance local WIC providers' (LWPs') knowledge base regarding weight gain during pregnancy.

Activities:

- Provide the LWPs training on appropriate nutrition counseling, to include counseling on appropriate prenatal weight gain and setting measurable and attainable diet goals.
- Follow up with target LWPs identified in 2004 with high rates of inadequate prenatal weight gain to ensure the development of an action plan to address the issue.
- Provide training to LWPs on the latest maternal nutrition issues by sponsoring the University of Minnesota's Intensive Maternal Nutrition Course via video stream.

2. Increase referrals between LWPs and local health care providers.

Activities:

- Evaluate referrals to identify the causes of the decline in overall numbers.

- Determine what referrals are made at the local agencies and what referrals are received from health care providers and other programs.
 - Finalize the referral form and make it available to LWPs through the DHSS warehouse and for outreach purposes.
3. Revise and reintroduce the Marketing WIC resource to provide WIC agencies with ideas and guidance for marketing WIC in their community/area. (The marketing of WIC should reach not only the ob/gyn physicians, but also the pregnant women and adolescents not yet seen by a health care provider.)

Activities:

- Survey Missouri LWPs and other states via WIC-Talk to see what marketing strategies are conducted to make their presence known to the community residents and health care providers.
- Assemble a workgroup to revise the marketing WIC resource based on the responses from Missouri WIC agencies and other state/local WIC agencies, as well as the brainstorming efforts of the workgroup.
- Provide training to WIC Coordinators, Nutrition Coordinators and Agency Administrators on use of the revised marketing WIC resource.

OBJECTIVE # 2 – Appropriate Infant Feeding Practices

To encourage the use of appropriate infant feeding practices by families and other caregivers, as measured by a(n):

- Increase in the percent of infants participating in WIC who are breastfed at least six months from 28.5% (2001 PedNSS) to 30% by 2005.
- Increase the percent of infants participating in WIC who are breastfed at hospital discharge from 47.3% (2001 PedNSS) to 57% in 2005.
- Increase the percent of WIC infants over four months who consume appropriate foods by 5% over baseline by 2005.

Strategies for Objective # 2:

1. Enhance educational approaches used to promote and support breastfeeding in Missouri.

Activities:

- Develop a pilot project in one county to work with hospitals to provide a 24 hour hotline 7 days a week for women who need breastfeeding support after hospital discharge.

- Provide LWP – BF Coordinators the opportunity to network, receive updated information and promotion ideas through a one-time in-service held on site at each of the district field offices (3).
- Provide a breastfeeding educator training.

2. Assess the effectiveness of the Breastfeeding Peer Counselor Program and Breastfeeding Peer Counselor counseling.

Activities:

- Develop or adopt a standardized method to assess the effectiveness of the BFPC program.
- Evaluate the initiation and duration rates of breastfeeding in counties that have peer counseling with those that do not have peer counseling.
- Develop and implement a random survey of women enrolled in WIC that went through a peer counseling program.

3. Assess the infant feeding practices of WIC mothers and the educational materials used in WIC.

Activities:

- Implement food packages for non-contract formulas to monitor issuance status and review approval criteria for them.
- Review and revise the Nutrition Education Resource Manual, particularly the Nutrition Education Guidelines and the Guidelines for Nutrition Education Resources sections.
- Provide ongoing information and training on nutrition and special health care needs issues.

OBJECTIVE # 3 – Chronic Disease Prevention

To decrease the percent of Missouri women and children who are at risk for future chronic disease, as measured by a(n):

- decrease in the anemia rates of children served by WIC from 13.3% (2001 PedNSS) to 12% by 2005.
- decrease in the percent of children, 1-5 years old, who are overweight (BMI \geq 95th percentile) from 13.1% (2001 PedNSS) to 5% by 2005 in children participating in WIC.

- decrease the percent of children, 1-5 years old, who are at risk of overweight (BMI >85th percentile to <95th percentile) from 15% in 2001 (PedNSS data) to 12% in 2005.
- increase in the percent of WIC women participants who have a BMI < 26.

Strategies for Objective # 3:

1. Promote healthy lifestyles for all WIC participants and their families.

Activities:

- Provide guidance to LWPs on nutritional science and policy responses related to prevention and treatment of overweight and obesity.
- Conduct LWP training, prior to the start up of the Farmers' Market Nutrition Program (FMNP), to ensure program understanding, discuss past redemption rates and nutrition education coordination requirements.
- Promote the 5-A-Day program and provide recipes and other nutrition materials that support products available at farmers' markets.

2. Implement food package changes to promote a healthy lifestyle with consideration of food costs to the WIC Program.

Activities:

- Develop food packages for medical foods for children and women to assess and monitor the prevalence of lactose intolerance and/or food allergies.
- Implement a new revised food packages report.
- Provide training to LWPs on the importance of health promotion, disease prevention and early recognition of nutrition concerns of children. (NTI will sponsor a Bright Futures training with an emphasis on child nutrition)

3. Research and develop activities to promote physical activity for LWPs to disseminate to their participants.

Activities:

- Work with the Health Promotion Unit in the Section for Chronic Disease Prevention and Health Promotion to develop and promote physical activity, primarily for young children, to the local WIC provider agencies.
- Assist LWPs with identifying free or reduced-cost community resources and partnerships that can help to promote physical activity in young children.

- Provide training to LWPs on childhood weight management.

OBJECTIVE # 4 – Improved Vendor Management

To improve the efficiency of the vendor program administration as measured by:

- Improved vendor education and training opportunities.
- Increased vendor compliance.
- Promotion of LWP and local vendor cooperation.

Strategies for Objective # 4:

1. Research and develop online computer-based training activities for vendors.

Activities:

- Create online WIC Application and WIC Manual Tutorial for new and existing WIC vendors.
- Develop and conduct a survey to determine the vendors' preferences and topics for education and training.
- Establish a self-teaching training film for internal trainings for contracted vendors.

2. Improve vendor monitoring information and efficiency.

Activities:

- Pilot a Personal Digital Assistant (PDA)-type monitoring tool or hand-help PC for on-site monitoring and audit.
- Integrate the Vendor Database with the Food Instrument (FI) payment system such that reports can be generated that link FI issuance and FI redemption by location of facility.
- Continue to refine the covert and overt monitoring processes focusing on identifying areas where retail vendors need additional training and technical assistance.

3. Promote LWP and local vendor communication and collaboration.

Activities:

- Survey local agencies and vendors to acquire what questions they have regarding vendor and local agency responsibilities.

- Prepare Frequently Asked Questions (FAQs) for LWPs regarding vendor information.
- Enhance new vendor training to include local agency introduction and presentation on local agency procedures.

FY 2005 MISSOURI WIC STATE PLAN

LOCAL WIC PROVIDERS AND CONTACT PERSONS LISTING

8/9/2004 — Missouri Local WIC Providers — FY2004

Andrew County Health Department
502 1/2 S. Hwy. 71, PO Box 271
Savannah, MO 64485
816-324-3139
Fax 816-324-6002
WIC Coord: Joan Nold
Nutrition Coord: Andrea Boeh,
RD
Administrator: Joan Nold
noldj@lpha.health.state.mo.us

Atchison County Health Department
421 Main
Tarkio, MO 64491
660-736-4121
Fax 660-736-5533
WIC Coord: Jo Blackney
blackj@lpha.health.state.mo.us
Nutrition Coord: Julie Livengood
Administrator: Jo Blackney

Audrain County Health Department
605 East Promenade
Mexico, MO 65265
573-581-1332
Fax 573-581-6652
WIC Coord: Becky Wieberg
Nutrition Coord: Becky Wieberg
Administrator: Kevin W. Lowrance
lowrak@lpha.health.state.mo.us
Site also in: Vandalia

Barry County Health Department
PO Box 207, 65 Main
Cassville, MO 65625
417-847-2114
Fax 417-847-2116
WIC Coord: Suzanne Ball
Nutrition Coord: Suzanne Ball
Administrator: Kathleen King
Sites also in: Monett and Shell
Knob

Barton County Health Department
1301 East 12th Street
Lamar, MO 64759
417-682-3363
Fax 417-682-5548
WIC Coord: Lajuana McIntyre
Nutrition Coord: Lajuana
McIntyre
Administrator: Linda Talbott
Talboll@lpha.health.state.mo.us

Bates County Health Department
501 North Orange, Box 208
Butler, MO 64730
660-679-6108
Fax 660-679-6022
WIC Coord: Sandra Billingsley
Nutrition Coord
Admininistrator: Jody Welston
welstj@lpha.health.state.mo.us

Benton County Health Department
Box 935, 1234 Commercial St.
Warsaw, MO 65355
660-438-2876
Fax 660-438-5746
WIC Coord: Linda Viebrock
Nutrition Coord: Linda Daniel
Administrator: Linda Viebrock
viebrl@lpha.health.state.mo.us
Site also in: Colecamp

Bollinger County Health Department
PO Box 409
Marble Hill, MO 63764
573-238-2817
Fax 573-238-3085
WIC Coord: Betsy VanGennip
Nutrition Coord: Leslie Freeman
Administrator: Beverly Piepenbrok
piepeb@lpha.health.state.mo.us

Butler County Health Department
1619 North Main St.
Poplar Bluff, MO 63901
573-785-8478
Fax 573-785-2825
WIC Coord: Linda Altom
Nutrition Coord: Linda Altom
Administrator: Robert Hudson
hudsor@lpha.health.state.mo.us
Sites also in: Qulin and Neelyville

Callaway County Health Department
4950 County Rd. 304
Fulton, MO 65251
573-642-6881
Fax 573-642-2098
WIC Coord: Tamela Houser
Nutrition Coord: Vacant
Administrator: Sharon Lynch
Site also in: Holts Summit

8/9/2004 — Missouri Local WIC Providers — FY2004

Camden County Health Department
44 Roofener St., PO Box 816
Camdenton, MO 65020
573-346-7271
Fax 573-346-0173
WIC Coord: Susan Puyear
Nutrition Coord: Julie Fussell
Administrator: Bryan Burton
burtob@lphas.health.state.mo.us

Cape Girardeau County Health Dept.
1121 Linden Street
PO Box 1839
Cape Girardeau, MO 63701-1839
573-335-7846
Fax 573-335-5909
WIC Coord: LaDeva Enderle
Nutrition Coord: Carol Eaton
Director: Charlotte Craig
Phillips@igateway.net

Carroll County Health Department
5 North Ely
Carrollton, MO 64633
660-542-3247
Fax 660-542-0574
WIC Coord: Linda Jackson
Nutrition Coord: Pat McAtee
Administrator: Jeanette Frock
frockj@lpha.health.state.mo.us

Carter County Health Department
1611 Health Ctr. Rd., PO Box 70
Van Buren, MO 63965
573-323-4413
Fax 573-323-8489
WIC Coord: Tracy Chitwood
Nutrition Coord: Sheri Eads
Administrator: Debbie Sandarciero
sandad@lpha.health.state.mo.us

Cass County Health Department
300 South Main
Harrisonville, MO 64701
816-380-8430
Fax 816-380-8450
WIC Coord: Carla Harper
Nutrition Coord:
Administrator: (Mr.) Pat Thomas
gladdj@lpha.health.state.mo.us
Site also in: Belton

Cedar County Memorial Hosp WIC Prog.
1317 S. Hwy. 32
El Dorado Spring, MO 64744
417-876-6624
WIC Coord: Jill Uptegrove
Nutrition Coord: Kay Sewell
Administrator: Jackie Boyles
boylej@lpha.health.state.mo.us
Site also in: Stockton

Chariton County Health Center
206 State Street, PO Box 214
Keytesville, MO 65261
660-288-3675
Fax 660-288-3725
WIC Coord: Judy Poeschl, RN
Nutrition Coord: Kathy Naylor
Administrator: Sandra J. Clarkson
clarks1@lpha.health.state.mo.us

Christian County Health Department
207 E. Brick Street, Box 340
Ozark, MO 65721
417-581-2385
Fax 417-581-6130
WIC Coord: Cindy Bilyeu w/K. Potter
Nutrition Coord: Victoria Pestle
Administrator: Karen Potter
pottek@lpha.health.state.mo.us

Clark County Health Department
670 N. Johnson, P.O. Box 12
Kahoka, MO 63445
660-727-2356
Fax 660-727-2927
WIC Coord: Terri Yates
Nutrition Coord: Sue Jane Brewer
Administrator: Janet Ramsey
ramsej@lpha.health.state.mo.us

Clay County Health Department
102 South Forest St.
Liberty, MO 64068
816-415-2123
Fax 816-792-1285
WIC Coord: Joe Bridges
jbridges@clayhealth.com
Nutrition Coord: Pat LeClerq
Temp. Admin: Jack Carpenter
Sites also in: Excelsior Springs and
Kansas City

8/9/2004 — Missouri Local WIC Providers — FY2004

Clinton County Health Department
106 Bush Street
Plattsburg, MO 64477-9801
816-539-2144
Fax 816-539-3306

WIC Coord: Tammy Clough
Nutrition Coord: Lana Turner
Administrator: Marcia Downey
downem@lpha.health.state.mo.us
Sites also in: Cameron, Lathrop and Gower

Cole County Health Department
1616 Industrial Drive
Jefferson City, MO 65109
573-636-2181
Fax 573-636-3851
WIC Coord: Melinda Ridenour
Nutrition Coord: Tricia Nilges
Administrator: Ivah Scott
scotti@lpha.health.state.mo.us
Sites also at: Edmond's Subdivision and Helias High School-Quest Program

Columbia-Boone County Health Dept.
P.O. Box 6015
1005 W. Worley St.
Columbia, MO 65201
573-874-7384
Fax 573-874-2187
WIC Coord: Carolyn Ezzell
Nutrition Coord: Erin Harris
Administrator: Stephanie Browning
SKBrouni@ci.columbia.mo.us
Sites also at: Bear Creek Community Center, Blind Boone Center, Parkade Plaza and at Hallsville Methodist Church

Cooper County Public Health
Department
Advantage Square, 606 E. Spring St.
Boonville, MO 65233
660-882-2626
Fax 660-882-2586
WIC Coord: Dorothy Draffen
Nutrition Coord: Jan Cohen
Administrator: Melanie Hein
heinm@lpha.health.state.mo.us

Crawford County Nursing Service
202 W. Main Street, PO Box 367
Steelville, MO 65565
573-775-2555
Fax 573-775-3826

WIC Coord: J. Sue Sanders
Nutrition Coord: Roma Jones
Administrator: Shirley Stulce
stulcs@lpha.health.state.mo.us

Crescent Clinic-WIC Program
8787 Blue Ridge Blvd.
Kansas City, MO 64138
816-763-0969
Fax 816-763-1488
WIC Coord: Denise Schmitz
Nutrition Coord: Denise Schmitz
Administrator: Mustafa Hussein
Sites also at: De La-Salle Educ. Center and Al-Huda Masjid

Dade County Health Department
413 West Water Street
Greenfield, MO 65661
417-637-2345
Fax 417-637-2507
WIC Coord: Susan Jolene Lowry
lowrys@lpha.health.state.mo.us
Nutrition Coord: Lisa Schlientz
Administrator : Linda Thieman
thieml@lpha.health.state.mo.us
Sites also in: Lockwood, Everton

Dallas County Health Department
1011 West Main Street
Buffalo, MO 65622
417-345-2332
Fax 417-345-2025
WIC Coord: Kathy Harris
Nutrition Coord: Cherie Smith
Administrator: Cheryl Eversol
eversc@lpha.health.state.mo.us

Daviess County Health Department
609A South Main
Gallatin, MO 64640
660-663-2414
Fax 660-663-3919
WIC Coord: Sherri Carder
cardes@lpha.health.state.mo.us
Nutrition Coord: Lana Turner
Administrator: Dana Urton

8/9/2004 — Missouri Local WIC Providers — FY2004

Dent County Health Department
601 South MacArthur
Salem, MO 65560
573-729-3106
Fax 573-729-3546

WIC Coord: Joan Raulston
Nutrition Coord: Roma Jones
Administrator: Peggy Musgraves
musgrp@lpha.health.state.mo.us

Douglas County Health Department
603 NW 12th Ave., PO Box 940
Ava, MO 65608
417-683-4174
Fax 417-683-4111

WIC Coord: Glenna Young
Nutrition Coord: Frances Humbyrd
Administrator: Sandy Pueppke
puepps@lpha.health.state.mo.us

Dunklin County Health Department
410 Teaco Rd.
Kennett, MO 63857
573-888-9441
Fax 573-888-1629

WIC Coord: Casey Smart
Nutrition Coord: Casey Smart
Director: Steve Neal
hughek@lpha.health.state.mo.us

Family Care Health Center
401 Holly Hills Ave.
St. Louis, MO 63111
314-353-5190
Fax 314-353-7631
WIC Coord: Annie Bell w/Amy Callico
bella@lpha.health.state.mo.us
Nutrition Coord: Vacant
Administrator: Kathy Garst
katgarst@covad.net w/Bob Massie
Site also at: Family Care-Forest Park
Southeast

Franklin County Department of Health
15 South Oak
Union, MO 63084
636-583-7300
Fax 636-583-7305
WIC Coord: Pam Miller
millep@lpha.health.state.mo.us
Nutrition Coord: Roberta Morris
Administrator: Conn Roden
rodenc@lpha.health.state.mo.us

Gasconade County Health Department
300 Schiller
Hermann, MO 65041
573-486-3129
Fax 573-486-3785

WIC Coord: Sharon Lensing
Nutrition Coord: Sharon Lensing
Administrator: Ruth Bock
bockrl@lpha.health.state.mo.us
Sites also in: Owensville and Linn

Grace Hill Neighborhood Health Ctr.
4308 N. Grand Blvd.
St. Louis, MO 63107
314-340-3205
Fax 314-340-3293
WIC Coord: Acey Staples (send hard copy of everything to Acey)
acey@gracehill.org
Nutrition Coord: Vacant
Administrator: Richard Gram
richardg@gracehil.org
Sites also at: Watertower Health Center, Souland Health Center, Barnes Hospital, Grace Hill South

Grundy County Health Department
1716 Lincoln St.
Trenton, MO 64683-1584
660-359-4196
Fax 660-359-5470
WIC Coord: Elizabeth Gibson
Nutrition Coord: Molly Long
Administrator: Elizabeth Gibson
gibsoe@lpha.health.state.mo.us

Harrison County Health Department
1700 Bethany Ave.
Bethany, MO 64424
660-425-6324
Fax 660-425-7642
WIC Coord: Julie Dannar
Nutrition Coord: Sara Lammers
Administrator : Mike O'Neal
onealm@lpha.health.state.mo.us

Henry County Health Department
306 S. 2nd St.
Clinton, MO 64735
660-885-8195
Fax 660-885-7744
WIC Coord: Tammie Crabtree
Nutrition Coord: Tammie Crabtree
Administrator: Jerry Seeley
Site also at: Windsor Clinic

8/9/2004 — Missouri Local WIC Providers — FY2004

Hickory County Health Department
201 Cedar, PO Box 21
Hermitage, MO 65668
417-745-2138
Fax 417-745-2400
WIC Coord: Sharon Korsi
Nutrition Coord: Susan Barger
Administrator : Alisa Carter
cartea@lpha.health.state.mo.us

Holt County Health Department
P.O. Box 438, 113 W. Nodaway
Oregon, MO 64473
660-446-2909
Fax 660-446-2921
WIC Coord: Connie Jackson
Nutrition Coord: Connie Jackson
Administrator: Brenda Nelson
Site also in: Mound City

Howard County Public Health Dept.
600 W. Morrison Street, Suite 7
Fayette, MO 65248
660-248-3100
Fax 660-248-3275
WIC Coord: Elizabeth Conrow
Nutrition Coord: Janice Cohen
Administrator: Sheila Wallace
Wallas@lpha.health.state.mo.us

Howell County Health Department
WIC Program
411 Garfield
West Plains, MO 65775
417-256-7078
Fax 417-256-1179
WIC Coord: Phyllis Akers
Nutrition Coord: Julie Crowell
Administrator: Cherry Fite
fitec@lpha.health.state.mo.us

Iron County Health Department
606 W Russell
Ironton, MO 63650
573-546-7121
Fax 573-546-6979
WIC Coord: Margarite Jo Gilliam
Nutrition Coord: Lisa Hunt
Administrator: Judy Davis
DavisJ@lpha.health.state.mo.us

Jefferson - Franklin CAC
#2 Merchant, PO Box 920
Hillsboro, MO 63050
636-789-2686 Ext. 108
Fax 636-789-5736
WIC Coord: Jan Glaze
Nutrition Coord: Vacant
Administrator: Judy Rushton
Site also in: Arnold

Johnson County Health Department
429 B Burkarth Road
Warrensburg, MO 64093
660-747-2012
Fax 660-747-1294
WIC Coord: Rhonda Breitenbecher
breitb@lpha.health.state.mo.us
Nutrition Coord: Rhonda Breitenbecher
Administrator: Judy Floyd
floydj@lpha.health.state.mo.us
Sites also in: Holden and Whiteman AFB

Joplin City Health Department
509 Kentucky
Joplin, MO 64801
417-623-1928
Fax 417-625-4753
WIC Coord: Joyce Doty
Nutrition Coord: Mikki Cruse
Administrator: Dan Pekarek
pekard@lpha.health.state.mo.us
Sites also in: Carthage and Oronogo

Knox County Health Department
217 N. First St.
Edina, MO 63537
660-397-3396
Fax 660-397-3579
WIC Coord: Phyllis Whitlatch
Nutrition Coord: Sue Jane Brewer
Administrator: Carol White
whitec@lpha.health.state.mo.us

Laclede County Health Department
405 Harwood
Lebanon, MO 65536
417-532-1271
Fax **WIC Coord:** Peggy Hogan
Nutrition Coord: Peggy Hogan
Administrator: Charlon Baker
bakerc@lpha.health.state.mo.us

8/9/2004 — Missouri Local WIC Providers — FY2004

Lawrence County Health Department
105 West North Street
Mount Vernon, MO 65712
417-466-2201
Fax 417-466-7485
WIC Coord: Alethea Goodman
Nutrition Coord: Jill Williams
Administrator: Alethea Goodman
goodma@lpha.health.state.mo.us
Site also in: Aurora

Lewis County Health Department
Junction A & 16, Box 96
Monticello, MO 63457
573-767-5312
Fax 573-767-5301
WIC Coord: Vickie Berhorst
Nutrition Coord: Jackie Boulware
Administrator: Diane Lay
layd@lpha.health.state.mo.us
Site also in: Canton

Lincoln County Health Department
#5 Health Department Drive
Troy, MO 63379
636-528-6117
Fax 636-528-8629
WIC Coord: Margie Cappel
Nutrition Coord: Rose Ottinger
Administrator: Harriet Zuroweste
zurowh@lpha.health.state.mo.us

Linn County Health Department
6355 South Main Street, Box 280
Brookfield, MO 64628
660-258-7251
Fax 660-258-7105
WIC Coord: Lissa Morgan
Nutrition Coord: Lissa Morgan
Administrator: Gary Routledge
routeg@lpha.health.state.mo.us

Livingston County Health Department
800 Adams Drive, PO Box 973
Chillicothe, MO 64601
660-646-5506
Fax 660-646-4485
WIC Coord: Elizabeth Moss
Nutrition Coord: Vacant
Administrator: Elizabeth Moss
mosse@lpha.health.state.mo.us

Macon County Health Department
503 N. Missouri
Macon, MO 63552
660-385-4711
Fax 660-385-2014
WIC Coord: Judy Rushton
Nutrition Coord: Carol Miller
Administrator: Judy Rushton
austik@lpha.health.state.mo.us

Madison County Health Department
806 West College Avenue
Fredericktown, MO 63645
573-783-2747
Fax 573-783-8039
WIC Coord: Velma Osborne
Nutrition Coord: Velma Osborne
Administrator: Rebecca L. Hunt
huntr@lpha.health.state.mo.us

Marion County Health Department
3105 Route W
Hannibal, MO 63401
573-221-1166
Fax 573-221-1214
WIC Coord: Donna Wilson, RN
Nutrition Coord: Kristen Johnson
Administrator: Joan Hynek
hynekj@lpha.health.state.mo.us
Site also in: Palmyra

McDonald County Health Department
500 Olin Street, PO Box 366
Pineville, MO 64856
417-223-4351
Fax 417-223-4109
WIC Coord: Lynn Zumwalt
Nutrition Coord: Vacant
Administrator: Mary Lou Shaddox
shaddm@lpha.health.state.mo.us

Mercer County Health Department
305 W. Main
Princeton, MO 64673
660-748-3630
Fax 660-748-3634
WIC Coord: Phyllis Johnson
Nutrition Coord: Marty Nickell
Administrator: Phyllis Johnson
johnsp1@lpha.health.state.mo.us

8/9/2004 — Missouri Local WIC Providers — FY2004

Miller County Health Department
Courthouse Annex, PO Box 2
Tuscumbia, MO 65082
573-369-2359
Fax 573-369-2350
WIC Coord: Paula Elkin
Nutrition Coord: Derek Nelson
Administrator: Teresa Capps
cappst@lpha.health.state.mo.us
Site also in: Eldon

Mississippi County Health Department
1200 East Marshall
Charleston, MO 63834
573-683-2191
Fax 573-683-6539
WIC Coord: Mary Miller
Nutrition Coord: Kristi Crosier
Administrator : Melanie Glaus
glasum@lpha.health.state.mo.us

Moniteau County Health Department
401 South Francis
California, MO 65018
573-796-3412
Fax 573-796-8364
WIC Coord: Avis Boies
Nutrition Coord: Lisa Britt
Administrator: Jerene Huff
HuffJ@lpha.health.state.mo.us

Monroe County Health Department
310 N. Market
Paris, MO 65275
660-327-4653
Fax 660-327-4533
WIC Coord: Dionne Jones
Nutrition Coord: Jackie Boulware
Administrator: Barbara Landrum
landrb@lpha.health.state.mo.us
Site also in: Monroe City

Montgomery County Health Dept
400 N. Salisbury
Montgomery, MO 63361
573-564-2495
Fax 573-564-5059
WIC Coord: Lori Riddle
Nutrition Coord: Glenda Moore
Administrator: Geneva Allison
allisg@lpha.health.state.mo.us

Morgan County Health Department
104 West Lafayette
Versailles, MO 65084
573-378-5438
Fax 378-2726
WIC Coord: Nancy Witte
Nutrition Coord: Rebecca (Becky) Miller
Administrator: Lorraine Kerksiek
kerksl@lpha.health.state.mo.us

New Madrid County Health Dept.
406 Hwy. 61
New Madrid, MO 63869
573-748-5581
Fax 573-748-5996
WIC Coord: Jayne Dees
Nutrition Coord: Sandy Campbell
Administrator: Michelle Brazel
NMCHD@sheltonbbs.com

Newton County Health Department
812 W. Harmony, PO Box 447
Neosho, MO 64850
417-451-3743
Fax 417-451-1852
WIC Coord: Pam Link
Nutrition Coord: Cherie Herron
Administrator: (Mr.) Chris Deem
deemc@lpha.health.state.mo.us

NMHC-WIC-Adair
902 E. LaHarpe St
Kirksville, MO 63565
660-627-5757 Ext.45
Fax 660-626-2064
WIC Coord: Debra Cullum
Nutrition Coord: June E. Stephenson
Administrator: June E. Stephenson
Stephj1@lpha.health.state.mo.us

Nodaway County Health Department
515 North Main
Maryville, MO 64468
660-562-2755
Fax 660-562-4995
WIC Coord: April Edwards
Nutrition Coord: Julie Livengood
Administrator: Della Rhoades
rhoadd@lpha.health.state.mo.us

8/9/2004 — Missouri Local WIC Providers — FY2004

Northeast Community Action Center
120 E. Main St.
Warrenton, MO 63383
636-456-2933

WIC Coord: Claudia Buckman

Nutrition Coord: Anne Gilmore

Administrator: Claudia Buckman

necacfp@socket.net

Oregon County Health Department
PO Box 189
Alton, MO 65606
417-778-7450
Fax 417-778-6826

WIC Coord: Sharon Wrenfrow

Nutrition Coord: Julie Crowell

Administrator: Sheila Russell

russes@lpha.health.state.mo.us

Site also in: Thayer

Ozark County Health Center
PO Box 180, 304 W. Third Street
Gainesville, MO 65655
417-679-3334
Fax 417-679-3828

WIC Coord: Suzie Green

Nutrition Coord: Frances Humbyrd

Administrator: Rhonda Suter

suterr@lpha.health.state.mo.us

Pemiscot County Health Department
810 E. Reed
Hayti, MO 63851
573-359-1656
Fax 573-359-0159

WIC Coord: Gary Gill

Nutrition Coord: Mary Alice Schallert

Administrator: Gary M. Gill

gillg@lpha.health.state.mo.us

People's Health Centers, Inc.
5701 Delmar Blvd.
St. Louis, MO 63112
314-367-7848

WIC Coord: Muna Siddiqi

Nutrition Coord: Muna Siddiqi

Administrator: Betty Kerr

Site also at: Manchester Rd.

Perry County Health Department
406 N. Spring, Suite #1
Perryville, MO 63775
573-547-6564

Fax 573-547-3908

WIC Coord: Cindy Upton-Troutman

Nutrition Coord: Cindy Upton-Troutman

Administrator: Judith Laurentius

laurej@lpha.health.state.mo.us

Pettis County Health Department
911 East 16th
Sedalia, MO 65301
660-827-4599
Fax 660-827-1141

WIC Coord: Kathy Burt

Nutrition Coord: Stephanie Glenn

Administrator: Diana Stout

stoutd@lpha.health.state.mo.us

Phelps County Health Department
200 North Main, Suite G51
Rolla, MO 65401
573-458-6010
Fax 573-458-6060

WIC Coord: Julie Thorpe

Nutrition Coord: Julie Thorpe

Administrator: Jodi Waltman

waltmj@lpha.health.state.mo.us

Pike County Health Department
5 East Church
Bowling Green, MO 63334
573-324-6373
Fax 573-324-3057

WIC Coord: Mary Jo Barr

Nutrition Coord: Glenda Moore

Administrator: LuAnn Meyer

meyerl@lpha.health.state.mo.us

Site also in: Louisiana

Platte County Health Department
4443 NW Gateway
Riverside, MO 64150
816-587-5998
Fax 816-587-6028

WIC Coord: Heidi Loecke

Nutrition Coord: Heidi Loecke

Administrator: Mary Jo Everhart

paynes@lpha.health.state.mo.us

Site also in: Riverside

8/9/2004 — Missouri Local WIC Providers — FY2004

Polk County Health Department
1317 West Broadway, PO Box 124
Bolivar, MO 65613
417-326-7250
Fax 417-326-2766
WIC Coord: Vacant
Nutrition Coord: Vacant
Administrator: Michelle Morris
morrim@lpha.health.state.mo.us

Pulaski County Health Department
101 12th St., PO Box 498
Crocker, MO 65452
573-736-2217
Fax 573-736-5370
WIC Coord: Marty Gann
Nutrition Coord: Annita Nickels
Administrator: Angeline Beth Hutton
huttob@lpha.health.state.mo.us
Site also in: Fort Leonard Wood

Putnam County WIC Program
1613 Grant, P.O. Box 354
Unionville, MO 63565
660-947-2429
Fax 660-947-3870
WIC Coord: Beverly Staggs
Nutrition Coord: Nancy Stevens
Administrator: Beverly J. Staggs
klausa@lpha.health.state.mo.us

Ralls County Health Department
405 W. First, PO Box 434
New London, MO 63459
573-985-7121
Fax 573-985-1531
WIC Coord: Lois Richards
Nutrition Coord: Glenda Moore
Administrator: Betty Anderson
anderb@lpha.health.state.mo.us

Randolph County Health Department
423 East Logan, PO Box 488
Moberly, MO 65270
660-263-6643
Fax 660-263-0333
WIC Coord: Diana Taylor
Nutrition Coord: Carolyn Schumann
Administrator: Ross W. McKinstry
mckinr@lpha.health.state.mo.us

Ray County Health Department
820 E. Lexington St.
Richmond, MO 64085
816-776-5413
Fax 816 776-2441
WIC Coord: Stacey Cox
Nutrition Coord: Stacey Cox
Administrator: Stacey Cox
tholec@lpha.health.state.mo.us
Site also in: Lawson

Reynolds County Health Department
Buford & Green Sts., Box 40
Centerville, MO 63633
573-648-2498
Fax 573-648-2510
WIC Coord: M. Lynn Adams
Nutrition Coord: Vacant
Director: Kathleen Zimmerman
zimmek@lpha.health.state.mo.us

Ripley County Health Department
1003 East Locust Street
Doniphan, MO 63935
573-996-2181
Fax 573-996-7632
WIC Coord: Vacant
Nutrition Coord: Vacant
Director: Janice Morrow
[Morrojl@lpha.health.state.mo.us](mailto:Morroj1@lpha.health.state.mo.us)

Saline County Health Office
353 S. Lafayette
Marshall, MO 65340
660-886-9494
Fax 660-886-6676
WIC Coord: Carrie Heffel
Nutrition Coord: Vacant
Administrator: (Ms.) Gayle Thomas
thomag@lpha.health.state.mo.us

8/9/2004 — Missouri Local WIC Providers — FY2004

Samuel U Rodgers Health Center
825 Euclid
Kansas City, MO 64124
816-889-4741
Fax 816-474-6475
WIC Coord: Eve Wells
ewells@samuel-rodgers.org
Nutrition Coord: Eve Wells
Administrator: Harold Wallace
hwallace@samuel-rodgers.org
Sites also at: Rogers South, Lykins
Community Center and Northeast High
School, Lexington, Odessa and
Higginsville

Schuyler County Health Department
275 S. Green St., POB 387
Lancaster, MO 63548
660-457-3721
Fax 660-457-2238
WIC Coord: Jeannie Schmitter
Nutrition Coord: Sue Jane Brewer
Administrator: Janice Shaw
shawj@lpha.health.state.mo.us

Scotland County Health Department
Rural Route 1, Box 55-A
Memphis, MO 63555
660-465-7275
Fax 660-465-2320
WIC Coord: Renee Glass
Nutrition Coord: Sue Jane Brewer
Administrator: Margaret Curry
currym@lpha.health.state.mo.us

Scott County Health Department
102 Grove Estate Court
Sikeston, MO 63801
573-472-0142
Fax 573-471-7348
WIC Coord: Angela Caudle
Nutrition Coord: Ann Burns
Administrator: Barry Cook
cookb@lpha.health.state.mo.us
Site also in: Benton

Shannon County Health Department
110 Grey Jones Dr., PO Box 788
Eminence, MO 65466
573-226-3915
Fax 573-226-3240
WIC Coord: L. Marlene Brawley
Nutrition Coord: Patricia Brawley
Administrator: Marilyn Wood
Woodm1@lpha.health.state.mo.us

Shelby County Health Department
700 East Main, PO Box 240
Shelbyville, MO 63469
573-633-2353
Fax 573-633-2323
WIC Coord: Kim Hanlon
Nutrition Coord: Carol Miller
Administrator: Audrey Gough
gougha@lpha.health.state.mo.us

Springfield-Greene County Health Dept.
290 East Central
Springfield, MO 65802
417-864-1079
Fax 417-864-1854
WIC Coord: Tana Lovan
Nutrition Coord: Julie Randolph
Director: Kevin Gipson
Kevin_Gipson@Cl.Springfield.mo.us
Sites also at: Republic, Willard and
Strafford. Also sites in Springfield are:
Grand Oak Baptist Mission, Oak Grove
Comm. Center, Kitchen Clinic, Asbury
United Methodist and Northwest Baptist
Church.

St. Charles County Dept. of Comm. Hlth.
1650 Boone's Lick Road
St. Charles, MO 63301
636-949-7402
Fax 636-949-7403
WIC Coord: Doris Wilke
Nutrition Coord: Vacant
Sites also in: Wentzville, O'Fallon and
St. Peters.

8/9/2004 — Missouri Local WIC Providers — FY2004

St. Clair County Health Department
530 Arduser Drive
Osceola, MO 64776
417-646-8332
Fax 417-646-8159

WIC Coord: Betty Garrison
Nutrition Coord: Betty Rosbrough
Administrator: Nancy Stephan
stephn@lpha.health.state.mo.us
Site also in: Appleton City

St. Francois County Health Department
1025 West Main, PO Box Q
Park Hills, MO 63601
573-431-1947
Fax 573-431-7326

WIC Coord: Julie Hackworth
Nutrition Coord: Jodee Lamp
Director: Diane Williams
willid@lpha.health.state.mo.us

Saint Louis ConnectCare
1717 Biddle
St. Louis, MO 63106
314-829-6112
Fax 314 829-6198

WIC Coord: John Parish
314-829-6198 (for our office use only)
Nutrition Coord: John Parish
Administrator: Carl Walters, C.O.O.
Ciw3590@mjc.org

St. Louis County Department of Health
111 South Meramac, Lower Level
Clayton, MO 63105
314-615-0685

WIC Coord: Lynn Murphy
Nutrition Coord: Amy Ohlendorf
Administrator: Steve Fine
Sites also at: John C. Murphy Health Center, South County Health Center, Pine Lawn, Hazelwood and North County Headstart

St. Louis Human Development Corp
929 North Spring Avenue
St. Louis, MO 63108
314-613-2200
Fax 314-613-2256

WIC Coord: Stan Miller
Nutrition Coord: Sandra Dieckhaus
Administrator: Ruth Smith
plee929@hotmail.com

Sites also at: Deaconess Hospital, Comprehensive Health Center, Midtown, Sears (N. Kingshighway), Prince Hall Wellston WIC site, La Clinica.

St. Joseph-Buchanan County Health Dept.
904 South Tenth
St. Joseph, MO 64503
816-271-4723
Fax 816-271-4682

WIC Coord: Marianna Booth
boothm@lpha.health.state.mo.us
Nutrition Coord: Marianna Booth
Administrator: Mary Sanders
msanders@ci.st-joseph.mo.us

St. Lukes Hospital WIC Program
Medical Plaza 1, Ste. 332
4320 Wornall Road
Kansas City, MO 64111
816-932-5156
Fax 816-932-5169

WIC Coord: Penny Leivan
pleivan@saint-lukes.org
Nutrition Coord: Vacant
Administrator: Liz Levin
llevin@saint-lukes.org

Ste. Genevieve County Health Dept
115 Basler, PO Box 49
Ste. Genevieve, MO 63670
573-883-7411
Fax 573-883-5857

WIC Coord: Judy Schilly
Nutrition Coord: Paula Grass
Administrator: Judith Schilly
schilj@lpha.health.state.mo.us

8/9/2004 — Missouri Local WIC Providers — FY2004

Stoddard County Health Department
1001 N. Hwy 25, PO Box 277
Bloomfield, MO 63825
573-568-4593
Fax 573-568-4736
WIC Coord: Linda Wilson
Nutrition Coord: Penny Dugger
Director: Debbie Pleimling
pleimd@lpha.health.state.mo.us

Stone County Health Department
PO Box 125, 109 E. 4th St.
Galena, MO 65656
417-357-6134
Fax 417-357-6031
WIC Coord: Brenda Smithson, RN
Nutrition Coord: Vacant
Administrator: Brenda Smithson
Smithb2@lpha.health.state.mo.us
Site also in: Kimberling City

Sullivan County Health Department
101 Hawthorne Drive, PO Box 129
Milan, MO 63556
660-265-4141
Fax 660-265-3891
WIC Coord: Connie Michael
Nutrition Coord: Connie Michael
Administrator : Connie Michael
michac@lpha.health.state.mo.us

Swope Health Services
3801 Blue Parkway
Kansas City, MO 64130
816-923-5800 Ext. 6271
Fax 816 448-2942
WIC Coord: Angela Shirey
ashirey@swopeparkwayhc.org
Nutrition Coord: Angela Shirey
Administrator: Anne Lesser
aless@lpha.health.state.mo.us
Sites also at: Menorah Hospital, St. Louis Church, Baptist Hospital and Chouteau Court

Taney County Health Department
PO Box 369
Forsyth, MO 65653
417-546-4725
Fax 417-335-5727
WIC Coord: Tammy Drake
Nutrition Coord: Tammy Drake
Administrator: Jim Berry
berryj@lpha.health.state.mo.us
Site also in: Branson

Texas County Health Department
402 South First
Houston, MO 65483
417-967-4269
Fax 417-967-5700
WIC Coord: Cheryl Nelson
Nutrition Coord: Vacant
Administrator: Jackie Smith
Smithj3@lpha.health.state.mo.us

Tri-County Health Department
302 North Park
Stanberry, MO 64489
660-783-2707
Fax 660-783-2775
WIC Coord: Lilli Parsons
Nutrition Coord: Sarah Lammers, RD
Administrator: Lilli Parsons
parsol@lpha.health.state.mo.us
Sites also in: St. Joseph, Maysville, Cameron, King City, Albany and Grant City

Truman Medical Center-Hospital Hill
2301 Holmes
Kansas City, MO 64108
816-404-0650
WIC Coord: Dena Wehrman
Dena.Wehrman@tmcmed.org
Nutrition Coord: Mavis Griesmer, RD
Administrator: Dena Wehrman
Sites also at: Hilltop Townhomes, City Union Mission Family Shelter, Pediatric Care Center, Neonatal Clinic CMH, Central H.S. and St. Vincent's Family Center

8/9/2004 — Missouri Local WIC Providers — FY2004

Truman Medical Center-Lakewood
7900 Lee's Summit Road
Kansas City, MO 64139
816-404-9740
Fax 86-478-7580
WIC Coord: Jim Wheaton
Jim.Wheaton@tmcmed.org
Nutrition Coord: Brenda Brewer
Administrator: Robin Schluter
Sites also at: Jackson Co. Hlth. Dept.,
Van Horn H.S. and Susquehanna RLDS
Church in Independence, and in
Grandview, Oak Grove, Blue Springs
and Lee's Summit

Vernon County Health Department
301 North Washington
Nevada, MO 64772
417-667-7418
Fax 417-667-4131
WIC Coord: Joy Hawks
hawksj@lpha.health.state.mo.us
Nutrition Coord: Susan Abbott
Administrator: Beth Swopes
swopeb@lpha.health.state.mo.us

Washington County Health Department
520 Purcell Drive
Potosi, MO 63664
573-438-2164
Fax 573-438-4759
WIC Coord: Shawnee Beach
Nutrition Coord: Natasha Potter
Administrator: Judith Wright
Wrightj2@lpha.health.state.mo.us

Wayne County Health Department
PO Box 259
Greenville, MO 63944
573-224-3218
Fax 573-224-3164
WIC Coord: Rhonda Eads
Nutrition Coord: Sheri Eads
Administrator: Rae Jean Crutchfield
cruter@lpha.health.state.mo.us

Webster County Health Department
233 East Washington
Marshfield, MO 65706
417-859-2532
Fax 417-859-6192
WIC Coord: Tracy Legan
Nutrition Coord: Tracy Legan
Administrator: Louella M. Tunnell
tunnel@lpha.health.state.mo.us
Sites also in: Seymore and Rogersville

Wright County Health Department
PO Box 97
300 S. Main, Suite C
Hartville, MO 65667
417-741-7791
Fax 417-741-7108
WIC Coord: Martha Driskell
Nutrition Coord: Vacant
Administrator: Tracy Hardcastle
hardct@lpha.health.state.mo.us

FY 2005 MISSOURI WIC STATE PLAN

CASELOAD AND FUNDING

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
10100	Andrew County Health Department	4,368					\$ 38,596.00
10200	Atchison County Health Department	2,040					\$ 18,808
10300	St. Joseph/Buchanan County Health Department	21,588					\$ 186,208
10400	Nodaway County Health Department	4,344	\$ 1,860.00			\$0.00	\$ 40,252
10600	Carroll County Health Department	3,348					\$ 29,926
10700	Clinton County Health Department	8,352					\$ 73,257
10800	Daviess County Health Department	3,276					\$ 29,314
10900	Harrison County Health Department	3,264	\$ 2,160.00				\$ 31,372
11000	Johnson County Health Department	16,968					\$ 146,938
11200	Holt County Health Department	1,188					\$ 11,566
11500	Tri-County Health Department	4,728					\$ 41,656.00
60100	Cass County Health Department	14,340					\$ 124,600.00
60200	Clay County Health Department	26,244	\$ 6,000.00				\$ 232,807.00
60300	Platte County Health Department	15,396	\$ 3,840.00	\$0.00			\$ 137,416.00
60500	Ray County Health Department	6,696					\$ 59,181.00
	<i>Jackson Co-Kansas City area info</i>						
62000	Truman Medical Center - Lakewood	95,688	\$ 18,180.00	\$0.00			\$ 835,706.00
63000	Truman Medical Center Hospital Hill	65,292	\$ 14,040.00	\$0.00	\$ 15,312.50		\$ 588,512.50
64000	Swope Parkway Health Foundation	27,204	\$ 6,000.00	\$0.00		\$0.00	\$ 240,967.00
65000	The Islamic Society of Greater Kansas City, Inc. (dba Crescent Clinic)	17,244	\$ 4,260.00	\$0.00			\$ 153,544.00
66000	Samuel U. Rodgers Health Center, Inc.	37,140		\$0.00			\$ 319,868.00
67000	Saint Luke's Hospital of Kansas City	25,464	\$ 7,200.00	\$0.00			\$ 227,377.00
	Northwest District	404,172	\$ 63,540.00		\$ 15,312.50		\$ 3,567,871.50

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
20100	Northeast Missouri Health Council, Inc.	7,920					\$ 69,585.00
20300	Chariton County Health Center	1,836					\$ 17,074.00
20400	Clark County Health Department	2,495					\$ 22,675.50
20600	Grundy County Health Department	4,104					\$ 36,352.00
20800	Knox County Health Department	1,920					\$ 17,788.00
20900	Lewis County Health Department	3,780					\$ 33,598.00
21000	Linn County Health Department	4,084					\$ 36,182.00
21100	Livingston County Health Department	5,179					\$ 45,489.50
21200	Macon County Health Department	4,870					\$ 42,863.00
21300	Marion County Health Department	10,680					\$ 93,045.00
21400	Mercer County Health Department	1,649	\$ 1,080.00				\$ 16,564.50
21500	Monroe County Health Department	2,848					\$ 25,676.00
21600	Pike County Health Department	6,099					\$ 54,106.50
21700	Putnam County Health Department	1,740					\$ 16,258.00
21800	Ralls County Health Department	1,565					\$ 14,770.50
21900	Randolph County Health Department	12,861	\$ 4,680.00				\$ 116,708.50
22000	Saline County Health Department	7,584				\$0.00	\$ 66,729.00
22100	Schuyler County Health Department	1,600					\$ 15,068.00
22200	Scotland County Health Department	1,224					\$ 11,872.00
22300	Shelby County Health Department	2,893					\$ 26,058.50
22400	Sullivan County Health Department	2,993	\$ 1,320.00				\$ 28,228.50
	Northeast District	89,924	\$ 7,080.00		\$ -		\$ 806,692.00

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
30100	Audrain City County Health Department	6,759					\$ 59,716.50
30200	Columbia/Boone Co. Health Department	24,205	\$ 6,240.00	\$0.00		\$0.00	\$ 214,692.50
30300	Callaway County Health Department	7,324					\$ 64,519.00
30400	Camden County Health Department	9,826					\$ 85,786.00
30500	Cole County Health Department	21,976	\$ 5,640.00	\$0.00	\$ 16,587.50		\$ 211,733.50
30600	Cooper County Nursing Service	3,870					\$ 34,363.00
30700	Crawford County Nursing Service	7,902	\$ 2,100.00				\$ 71,532.00
30800	Dent County Health Department	5,760	\$ 1,920.00				\$ 52,348.00
30900	Gasconade County Health Department	5,777					\$ 50,572.50
31000	Howard County Health Department	2,028		\$0.00			\$ 18,706.00
31100	Laclede County Health Department	11,344	\$ 2,820.00				\$ 101,509.00
31200	Lincoln County Health Department	9,354					\$ 81,774.00
31400	Miller County Health Department	9,723	\$ 3,000.00			\$0.00	\$ 87,910.50
31500	Moniteau County Health Department	2,856					\$ 25,744.00
31600	Montgomery County Health Department	3,369	\$ 1,260.00				\$ 31,364.50
31700	Morgan County Health Department	6,520					\$ 57,685.00
31900	Pettis County Health Department	18,687					\$ 161,549.50
32000	Phelps County Health Department	15,100				\$0.00	\$ 131,060.00
32100	Pulaski County Health Department	15,470	\$ 3,780.00				\$ 137,985.00
32200	Northeast Community Action Corporation	7,334					\$ 64,604.00
32300	Washington County Health Department	10,760		\$0.00			\$ 93,725.00
	Central District	205,944	\$ 26,760.00		\$ 16,587.50		\$ 1,838,879.50

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
40100	Butler County Health Department	17,504	\$ 4,140.00			\$0.00	\$ 155,634.00
40200	Cape Girardeau County Health Department	16,305	\$ 4,440.00				\$ 145,742.50
40300	Carter County Health Department	3,105					\$ 27,860.50
40400	Bollinger County Health Department	4,834	\$ 1,680.00			\$0.00	\$ 44,237.00
40500	Douglas County Health Department	4,517					\$ 39,862.50
40600	Dunklin County Health Department	17,865					\$ 154,562.50
40700	Mississippi County Health Department	9,919					\$ 86,576.50
40800	New Madrid County Health Department	8,907					\$ 77,974.50
40900	Iron County Health Department	4,867					\$ 42,837.50
41100	Madison County Health Department	6,501	\$ 1,980.00				\$ 58,706.50
41200	Oregon County Health Department	7,284		\$0.00			\$ 64,179.00
41300	Ozark County Health Department	3,414					\$ 30,487.00
41400	Pemiscot County Health Department	13,230					\$ 115,165.00
41500	Perry County Health Department	6,079					\$ 53,936.50
41600	Reynolds County Health Department	2,777					\$ 25,072.50
41700	Ripley County Health Department	6,130					\$ 54,370.00
41800	Stoddard County Health Department	11,020					\$ 95,935.00
41900	Scott County Health Department	19,373				\$0.00	\$ 167,380.50
42000	Texas County Health Department	8,811				\$0.00	\$ 77,158.50
42100	Shannon County Health Department	4,713					\$ 41,528.50
42200	Ste. Genevieve County Health Department	3,843					\$ 34,133.50
42300	St. Francois County Health Department	21,990	\$ 4,860.00				\$ 194,485.00
42400	Wayne County Health Department	6,754					\$ 59,674.00
42700	South Central Public Health Service	18,636					\$ 161,116.00
42800	Wright County Health Department	10,886				\$0.00	\$ 94,796.00

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
	Southeast District	239,264	\$ 17,100.00		\$ -		\$ 2,103,411.00

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
		FFY2005 Original Contract					
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
50100	Barry County Health Department	17,112	\$ 4,020.00				\$ 152,182.00
50200	Barton County Health Department	4,920					\$ 43,288.00
50300	Bates County Health Department	6,180					\$ 54,795.00
50400	Benton County Health Department	4,860					\$ 42,778.00
50500	Cedar County Health Department	6,156					\$ 54,591.00
50600	Christian County Health Department	17,208					\$ 148,978.00
50700	Dade County Health Department	2,928					\$ 26,356.00
50800	Dallas County Health Department	4,416					\$ 39,004.00
50900	Springfield-Greene County Health Department	71,868	\$ 17,100.00	\$0.00	\$ 16,587.50		\$ 648,743.50
51000	Henry County Health Department	7,776					\$ 68,361.00
51100	Hickory County Health Department	2,136					\$ 19,624.00
51200	Joplin City Health Department	43,500	\$ 9,720.00				\$ 383,648.00
51300	Lawrence County Health Department	13,728	\$ 3,120.00	\$0.00			\$ 122,518.00
51400	McDonald County Health Department	13,464	\$ 3,660.00				\$ 120,814.00
51500	Newton County Health Department	17,520	\$ 4,320.00			\$0.00	\$ 155,950.00
51600	Polk County Health Department	10,908					\$ 94,983.00
51700	St. Clair County Health Department	4,068					\$ 36,046.00
51800	Stone County Health Department	6,768					\$ 59,793.00
51900	Taney County Health Department	19,812	\$ 4,860.00				\$ 175,972.00
52000	Vernon County Health Department	7,368	\$ 2,220.00				\$ 67,113.00
52100	Webster County Health Department	12,948	\$ 3,540.00				\$ 116,308.00
	Southwest District	295,644	\$ 52,560.00		\$ 16,587.50		\$ 2,631,845.50

Missouri Department of Health and Senior Services
FFY 2005 Missouri WIC Program

2005 LWP Caseloads and Funding For Contracts							
\$8.50	per participant						
FFY2005 Original Contract							
Agency Number	Agency Name	Starting FFY 2005 Annual Caseload	Special Grant: Local Agency Breastfeeding Peer Counselor	SOW WIC FMNP	Special Grant: SOW Obesity Intervention 2005	SOW Obesity Comparison 2005 [No \$'s]	Total Initial FFY 2005 Contract Funding
70300	St. Charles County Department of Community Health and the Environment	29,544	\$ 5,760.00				\$ 259,594.00
70500	Franklin County Health Department	17,796					\$ 153,531.00
70600	Jefferson-Franklin Community Action Corporation	36,560	\$ 7,860.00				\$ 322,798.00
	<i>St Louis City Info</i>						
70700	The Human Development Corporation of Metropolitan St. Louis	73,200	\$ 13,560.00				\$ 639,938.00
70900	St. Louis ConnectCare	23,099	\$ 7,020.00			\$0.00	\$ 205,626.50
71000	Family Care Health Centers	20,187	\$ 5,940.00			\$0.00	\$ 179,794.50
71100	Grace Hill Neighborhood Health Centers, Inc.	31,440	\$ 7,800.00				\$ 277,750.00
71200	People's Health Centers, Incorporated	31,285	\$ 6,960.00				\$ 275,592.50
71800	St Louis County	98,688	\$ 17,160.00		\$ 16,587.50		\$ 876,773.50
	Eastern District	361,799	\$ 72,060.00		\$ 16,587.50		\$ 3,191,398.00
	Northwest District	404,172	\$ 63,540.00		\$ 15,312.50		\$ 3,567,871.50
	Northeast District	89,924	\$ 7,080.00		\$ -		\$ 806,692.00
	Central District	205,944	\$ 26,760.00		\$ 16,587.50		\$ 1,838,879.50
	Southeast District	239,264	\$ 17,100.00		\$ -		\$ 2,103,411.00
	Southwest District	295,644	\$ 52,560.00		\$ 16,587.50		\$ 2,631,845.50
	Eastern District	361,799	\$ 72,060.00		\$ 16,587.50		\$ 3,191,398.00
118	State	1,596,747	\$ 239,100.00	\$ -	\$ 65,075.00	\$ -	\$ 14,140,097.50

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK WIC: LOCAL AGENCY NUTRITION SERVICES AND ADMINISTRATION

WIC: Local Agency Nutrition Services and Administration

1.0 Background Statement:

- 1.1 The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) was established to provide supplemental foods, nutrition education and referrals, through local agencies, at no cost to eligible persons.
- 1.2 The WIC Program serves as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems and to improve the health status of those served.
- 1.3 The WIC Program has been operational in Missouri since 1974.
- 1.4 This contract will assist the Missouri Department of Health and Senior Services (Department) in meeting the following objectives of the Department's Integrated Strategic Plan:
 - 1.4.1 Objective # 1: Reduce the incidence of poor birth outcomes in pregnant women at nutritional risk.
 - 1.4.2 Objective # 2: Encourage use of appropriate infant feeding practices by families and other caregivers.
 - 1.4.3 Objective # 3: Decrease the percent of WIC participants who are at risk for acute and chronic disease.
 - 1.4.4 Objective # 4: Decrease the percent of children who are overweight.
- 1.5 This contract will contribute to the achievement of the following "Priority Results for Missourians":
 - 1.5.1 Increased percentage of children prepared for kindergarten.
 - 1.5.2 Increased percentage of births resulting in healthy birth-weight babies.
 - 1.5.3 Decreased impact of chronic diseases.

2.0 Purpose:

- 2.1 The purpose of this contract is to provide administrative funds to support the delivery of the services and benefits of the WIC Program to eligible participants through qualified community agencies.

3.0 Certification:

- 3.1 The Contractor shall process all applicants within the timeframes specified in Section 7 CFR 246.7(f) of the “Code of Federal Regulations” (regulations) for the WIC Program and the Missouri WIC Operations Manual (Missouri WOM) Electronic Reference number (ER#) 3.01700.
- 3.2 The Contractor shall serve all applicants based on the participant priority system as defined in Section 7 CFR 246.7(e)(3, 4) and the Missouri WOM ER#s 2.03000 and 3.01600.
- 3.3 The Contractor shall not establish a waiting list without prior approval of the Department in compliance with the Missouri WOM ER# 3.07100. When the Department approves a waiting list, the contractor must establish and manage the waiting list in compliance with the Missouri WOM ER#s 3.07200 and 3.07300.
- 3.4 The Contractor shall certify applicants for the WIC Program in compliance with Section 7 CFR 246.7 of the regulations and the Missouri WOM ER#s 1.01800, 2.02600-2.05400, 2.12600 and 3.01600-3.03900, which includes, but is not limited to:
 - 3.4.1 Requiring that the applicant be physically present at the time eligibility for the WIC Program is determined, with limited exceptions allowed, as detailed in the appropriate policy cited in 3.2 above;
 - 3.4.2 Requiring proof of identification and proof of residency of the applicant;
 - 3.4.3 Requiring proof of income, and accurately assessing the income to determine income eligibility status according to guidelines issued by the Department as detailed in the appropriate policy reference cited in 3.2 above;
 - 3.4.4 Assessing the applicant for medical and nutritional risks to determine program eligibility status, using current WIC Program standards and risk factors issued by the Department as detailed in the appropriate policy reference cited in 3.2 above;
 - 3.4.5 Providing appropriate and timely notification of ineligibility when the applicant does not meet income guidelines and/or risk criteria;
 - 3.4.6 Providing to the applicant a clear explanation of the risk factors for which the applicant is qualified, the food package which the applicant is to receive, the initial nutrition education contact, the applicant’s rights and responsibilities as a participant in the WIC Program, and the purposes and procedures of the WIC Program;

- 3.4.7 Providing information about and referrals to available services specific to the needs of the applicant, including information and brochures regarding newborn screening;
 - 3.4.8 Ensuring proper documentation of the eligibility of the participant is kept and is available for review upon request by the participant, the Department and by USDA.
 - 3.4.9 Updating participant records in the state database as necessary, including making changes, correcting, terminating, reinstating, and recording nutrition education received.
- 3.5 The Contractor shall maintain strict confidentiality of all applicant, patient and client information or records supplied to it by the Department or that the Contractor establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the Department and the applicant, participant, or client or the parent or legal guardian of the applicant, participant, or client unless such disclosure is required by law, by the regulations governing the WIC program, or as specifically permitted, in writing, by the applicant, participant or guardian. This shall be done in compliance with Section 7 CFR 246.26(d) of the regulations and the Missouri WOM ER#1.01700. The Contractor assumes liability for all disclosures of confidential information by the Contractor and/or the Contractor's subcontractors and employees. The Contractor agrees to comply with all applicable provisions of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).
- 3.6 The Contractor shall use in the operation of the WIC Program only the published policies and procedures in the Missouri WOM and any WOM updates or guidance sent by the Department.
 - 3.6.1 The Contractor shall assure that the most recent version is available to all Contractor's staff and assure all Contractor's staff are immediately informed of updated policies or guidance when received.
 - 3.6.2 The Contractor shall check electronic mail at least weekly to assure any notifications sent by the Department are disseminated to their staff and subcontractors in a timely manner.
- 3.7 The Contractor shall use the Harvard Food Frequency Questionnaire (FFQ) as the tool to determine nutritional intake of the WIC participants.
 - 3.7.1 The results of the Harvard FFQ shall be used to counsel clients regarding their nutritional intake.
 - 3.7.2 The Contractor shall assure staff is trained on the use of the Harvard FFQ.

4.0 Food Package Issuance:

- 4.1 The Contractor shall issue and tailor food packages as prescribed by a competent professional authority (CPA) (as defined in the Missouri WOM – Definitions) in compliance with Section 7 CFR 246.10 of the regulations and the Missouri WOM ER#s 2.06600-2.08700 and 3.05700-3.06000.
- 4.2 The Contractor shall assure that every applicant determined eligible for the WIC Program receives food instruments for the appropriate food package on the same day that eligibility is determined, in compliance with Section 7 CFR 246.7(f)(2)(iv) of the regulations and the Missouri WOM ER# 3.04900.
- 4.3 The Contractor shall assure that WIC eligible individuals with metabolic disorders who require special medical foods receive those foods from their insurance provider, up to the amount required by state law, in compliance with the Missouri WOM ER# 2.07000.

5.0 Food Instrument Issuance, Accountability, and Security:

- 5.1 The Contractor shall implement the Department's WIC food delivery system in compliance with Section 7 CFR 246.7 (g)(1) and 246.12 of the regulations, and the Missouri WOM ER#s 3.04000-3.06700 which includes:
 - 5.1.1 Assuring proper computer-generated and manual food instrument printing, issuance, and recording of disposition on registers to include receipt by participants or authorized proxies;
 - 5.1.2 Assuring food instruments are issued only to participants in a current period of eligibility, with a current WIC food delivery system certification record, and assuring issuance of only one food package, to match the current status of the participant, for each month of eligibility; and
 - 5.1.3 Assuring participants or guardian(s) of participants are given instructions on the proper use of the food instruments.
- 5.2 The Contractor shall be accountable and liable for all food instruments in the Contractor's possession from the time food instruments are received from the Department, to issuance to the participant or other final non-issued disposition.
 - 5.2.1 If the Contractor issues food instruments to an applicant or participant who is not eligible or is past eligibility, issues manual food instruments without an issuance record, fails to adequately prevent dual participation by participants or fraud by staff members of the Contractor, or otherwise fails to properly secure food instruments or to properly account for food instruments in the system or on food instrument registers, the Department **may at Department's discretion** bill the Contractor for the identified value of such food instruments.

5.2.2 The Contractor shall reimburse the Department for such food instruments from non-WIC funds.

6.0 Nutrition Education and Breastfeeding Promotion and Support Services:

- 6.1 The Contractor shall provide nutrition education and breastfeeding promotion and support services to participants, in compliance with Section 7 CFR 246.11 of the regulations, and the Missouri WOM ER#s 2.05900-2.06500, 2.11400, 3.05000, and 4.05900-4.06000 which includes, but is not limited to:
 - 6.1.1 Making available a minimum of two nutrition education contacts during each 6-month period to every adult participant and to every parent/caretaker of an infant or child;
 - 6.1.2 Providing nutrition education contacts to children when feasible;
 - 6.1.3 Providing nutrition education contacts designed to be easily understood, to bear a practical relationship to the participant's risk factors, nutritional needs, and cultural preferences, to emphasize the relationships between proper nutrition and good health, and to assist the participant in achieving a positive change in food habits;
 - 6.1.4 Assuring that participants are not denied supplemental foods for failure to participate in nutrition education;
 - 6.1.5 Supporting and encouraging women to initiate and continue breastfeeding;
 - 6.1.6 Providing and implementing individualized nutrition care plans, specific to the participant's risk factor(s), based on the need as determined by the CPA or upon the request of the participant, or parent(s) or guardian(s) of participant;
 - 6.1.7 Providing substance abuse information and referrals, as appropriate, to participants;
 - 6.1.8 Providing all women participants who will be terminated from the WIC Program a nutrition education counseling session and exit brochure; and
 - 6.1.9 Documenting each nutrition education contact provided, missed, or refused and who provided the nutrition education.
- 6.2 The Contractor shall assure that nutrition education materials provided to participants are consistent with current practice and appropriate for use with the target audience, in compliance with Section 7 CFR 246.11(c)(1) and (3) of the regulations, and the Missouri WOM ER# 2.06200.

7.0 Clinic Environment; Accessibility of Services; Customer Service:

- 7.1 The Contractor shall assure that clinic locations and hours are available which minimize time away from work for employed applicants and parent(s) or guardian(s) of participants, and minimize travel distance for applicants and parent(s) or guardian(s) of participants, in compliance with Section 7 CFR 246.4(a)(21) of the regulations and the Missouri WOM ER# 3.07800.
- 7.2 The Contractor shall establish and maintain an environment which supports and encourages women to initiate and continue breastfeeding, in compliance with Section 7 CFR 246.11(c)(7)(i) of the regulations and the Missouri WOM ER# 2.02400.
- 7.3 The Contractor shall ensure accessibility of WIC services to the homeless population, in compliance with Section 7 CFR 246.4(a)(6) of the regulations and the Missouri WOM ER# 2.05200.
- 7.4 The Contractor shall provide voter registration services or assure that services are made available to WIC Program applicants in compliance with the National Voter Registration Act of 1993.
- 7.5 The Contractor shall prohibit smoking on the premises used to carry out the WIC Program in compliance with Section 7 CFR 246.6 (b)(4).
- 7.6 The Contractor shall promote and enforce a drug free work environment.
- 7.7 The Contractor shall identify, in a highly visible manner, where WIC program services are located at each Contractor's site.
- 7.8 The Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq), as amended and all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines; and FNS directives and guidelines to the effect that no person shall on the grounds of race, color, national origin, age, sex, or disability be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the contractor receives Federal financial assistance. Furthermore under Missouri Governor's Executive Order #87-6, the state prohibits discrimination on the basis of religion, political affiliation or veteran's status.

8.0 Clinic Management, Coordination:

- 8.1 The Contractor shall make available appropriate health services to participants and shall inform applicants of the health and social services, which are available, in compliance with Section 7 CFR 246.6(b)(d) and (f) and 246.7(b) of the regulations and the Missouri WOM ER# 1.01800.

- 8.1.1 The Contractor shall have a plan for continued efforts to make health services available to participants at the clinic or through written agreements with health care providers when health services are provided through referrals. Such services include, but are not limited to, screening of immunization status, blood lead level, referrals for Medicaid or MC+ health insurance, and substance abuse education and referral.
- 8.1.2 When the Contractor is a health agency and/or a human service agency, or when the Contractor sub-contracts with another health agency for certification of participants, both agencies shall together meet all the requirements of the contract and shall enter into a written agreement which outlines all Program responsibilities of each agency. The agreement shall be approved by the Department and shall be on file with both the Department and the Contractor. This agreement is due to the Department within 30 days of the start of the contract period. No WIC Program funds shall be used to reimburse the health agency for the health services provided. However, costs of certification borne by the health agency may be reimbursed.
- 8.1.3 When the Contractor operates the WIC Program within a hospital and/or has a cooperative arrangement with a hospital, the Contractor shall advise potentially eligible applicants who receive inpatient or outpatient services of the availability of program services; and to the extent feasible, provide an opportunity for Program certification to those individuals who may be eligible.

9.0 Vendor Relations:

- 9.1 The Contractor shall designate a staff person to collaborate with the Department to assure participant access to WIC contracted retailers, to act as the contact person for local WIC retailers on questions regarding food instrument issuance, approved foods and participant concerns, and to assist the Department in investigating complaints against local WIC retailers and WIC participants, in compliance with Section 7 CFR 246.12(g)(1), 246.12(i)(8), and 246.12(o) of the regulations, and the Missouri WOM ER# 3.08400.

10.0 Assessment, Planning, and Evaluation:

- 10.1 The Contractor shall, at least annually, assess the needs of WIC customers and potential WIC customers, and utilize such assessments to improve the effectiveness of local service provision, in compliance with Section 7 CFR 246.4(a)(21) of the regulations and the Missouri WOM ER# 3.07800. This shall be done in order to modify local operations to meet the needs of WIC customers, as appropriate within the allowances and guidelines of the regulations and state policies as set forth in the Missouri WOM.

- 10.2 The Contractor shall develop the local agency plan (LAP) for WIC services, in compliance with Section 7 CFR 246.5(b) and (f), 246.11(d)(2), and 246.11(c)(7)(iv) of the regulations and the Missouri WOM ER# 1.02800. The Contractor shall evaluate the plan throughout the year.
- 10.3 The Contractor shall have a plan for outreach appropriate to the local area and population, in compliance with Section 7 CFR 246.4(a)(7), (20) and (21) of the regulations and the Missouri WOM ER# 1.02100. The plan shall include, but not be limited to:
 - 10.3.1 An active outreach referral network with agencies or organizations which serve similar populations which are potentially eligible;
 - 10.3.2 Targeting to those at potentially high risk, who are most in need of benefits, with emphasis on reaching and enrolling eligible migrants and women in the early months of pregnancy.
- 10.4 The Contractor shall, at least monthly, follow up on no-show applicants and participants, reschedule missed appointments, and provide adequate and appropriate notice of upcoming appointments, in compliance with the Missouri WOM ER# 3.07000.
- 10.5 The Contractor shall attempt to contact any prenatal who misses her initial appointment to determine WIC eligibility, and shall document such contacts, in compliance with Section 7 CFR 246.4(a)(21) 246.7(b)(5) of the regulations, and the Missouri WOM ER#s 3.07000 and 3.07900.
- 10.6 The Contractor shall announce publicly the availability of program benefits, at least annually, and when significant program changes have occurred which affect the local population and local participants, in compliance with Section 7 CFR 246.4(a)(7) of the regulations and the Missouri WOM ER# 1.02200.

11.0 Staffing:

- 11.1 The Contractor shall have on staff individual(s) designated, qualified, and appropriately trained, to assure that appropriate practices and proper policies and procedures are followed. The same individual may serve more than one role as long as it is clear which individual staff person fulfills each role. This staff shall include:
 - 11.1.1 A Program coordinator who shall plan and coordinate all WIC activities and staff to ensure goals are met and the agency operates within program guidelines and rules, in compliance with the Missouri WOM ER# 1.01250.
 - 11.1.2 A nutrition coordinator who shall coordinate the nutrition component of the local operation, in compliance with Section 7 CFR 246.11(d) of the regulations and the Missouri WOM ER# 2.01400. The nutrition coordinator must be a qualified nutritionist in compliance with Section 7 CFR 246.2 of the regulations and the Missouri WOM Definitions.

- 11.1.3 A breastfeeding coordinator who shall coordinate breastfeeding promotion and support activities, in compliance with Section 7 CFR 246.11(c)(7)(ii) of the regulations and the Missouri WOM ER# 2.01600.
- 11.1.4 A food instrument custodian and an assistant food instrument custodian, to be responsible for the receipt, security, inventory, monitoring and reconciliation of computer-generated and manual food instruments assigned to the Contractor by the Department, in compliance with Section 7 CFR 246.12 (p, q, and r) of the regulations and the Missouri WOM ER#s 3.04100-3.04500.
- 11.2 The Contractor shall have qualified individuals on staff to perform specific WIC services. This staff shall include:
 - 11.2.1 A competent professional authority (CPA) on staff and sufficient staff with the capabilities necessary to perform the client certification procedures, or the Contractor shall enter into a written agreement with health care provider(s) and/or hospital(s) to assure availability of program benefits, in compliance with Section 7 CFR 246.6(b)(2) and 246.7 of the regulations, and the Missouri WOM ER# 2.01500.
 - 11.2.2 If the Contractor decides to utilize Health Professional Assistants (HPAs)/WIC Certifiers to perform WIC certification and risk assessment, the Contractor shall assure the HPAs/WIC Certifiers are appropriately trained by the Department as WIC Certifiers, in compliance with the Missouri WOM ER# 2.01700.
 - 11.2.3 A qualified nutritionist on staff, or through written agreement with another local agency or health care provider, to perform high risk nutrition counseling and food package tailoring, in compliance with Section 7 CFR 246.2 of the regulations and the Missouri WOM ER# 2.01400.
 - 11.2.3.1 When the Contractor is not able to comply with this provision due to difficulties in recruitment, the Contractor shall provide to the Department written documentation of continuing efforts to recruit a qualified nutritionist.

12.0 Training and Technical Assistance:

- 12.1 The Contractor shall assure agency staff performing WIC services have successfully completed all requirements defined by the Department as necessary to be considered trained on WIC procedures, in compliance with Section 7 CFR 246.11(c)(2) of the regulations, and the Missouri WOM ER#s 1.01600, 2.02100, 2.02300 and 3.01500. Such procedures include, but are not limited to, risk assessment, income assessment, nutrition education, breastfeeding, keying of certification records, food instrument printing and issuance, food instrument inventory and accountability, and program coordination.
 - 12.1.1 The Contractor shall accept training on WIC procedures from the Department or its designee, when required or deemed appropriate by the Department.
 - 12.1.2 The Contractor shall assure that any volunteers used to perform specific WIC functions or duties are appropriately trained and supervised for the function they are performing;
 - 12.1.3 Any and all expenses incurred by Contractor personnel attending any WIC training in any location shall be paid for by the Contractor.
- 12.2 The Contractor shall accept technical assistance on contract non-compliance or deficiencies in components of Program policies and procedures, as the Department determines necessary.

13.0 Fiscal Requirements:

- 13.1 The Contractor shall maintain complete, accurate, documented and current accounting of all contract funds received and expended, in compliance with Section 7 CFR 246.13 and 246.14 (a) (1), (b) and (c) of the regulations.
- 13.2 When the Contractor uses non WIC Program funds to meet the requirements of the Contract or to provide services in the local agency plan (LAP), the Contractor shall document and report these funds planned and expended in the LAP (budget) and the monthly billing in compliance with the Missouri WOM ER# 1.04700 and ER# 1.07700.
- 13.3 The contract amount for caseload and operational funds is based on availability of federal funds, which is subject to change. The Department will provide thirty (30) days written notice to the Contractor prior to an effective change.
- 13.4 The Contractor may request an amendment to the contract to cover expenses of replacement staff to attend training required in Section 12.0 of this contract and the Missouri WOM ER#s 2.01800, 2.02100, 2.02300, and 3.01500 if such expenses will cause the Contractor to exceed the contracted operational funds.
 - 13.4.1 The Contractor shall make the request in writing and must include appropriate documentation of the need for additional funds.

- 13.4.2 The Contractor is responsible for tracking and documenting the costs and the need for additional funds.
- 13.5 The Contractor will be reimbursed for necessary and allowable costs incurred specifically for the proper and efficient performance of the contract.
 - 13.5.1 The Contractor shall submit a budget to the Department for written approval by the date announced in writing by the Department. The Department shall not reimburse the Contractor for any costs before the budget is approved.
 - 13.5.2 Allowable costs for the contract include personnel compensation and benefits, conference and training, travel, equipment, nutrition materials, administrative office costs, computer hardware, medical materials, facility costs, indirect costs, and special grant costs as defined in Section 7 CFR 246.14(c) of the regulations and the Missouri WOM ER#s 1.01300-1.01500, 1.03100, and 1.03400-1.04600.
 - 13.5.3 Allowable travel costs related to mileage shall be based on Department policies for all **Contractors** in compliance with Department Financial Policy Manual, Chapter 1, Section 1.7.
 - 13.5.4 Allowable costs that meet the definition of indirect costs as detailed in OMB Circular A-87 shall not exceed eight percent (8%) of total direct contract costs. Indirect costs are those costs incurred for common or joint purposes benefiting more than one activity and not readily identifiable to a particular program or activity. Contractors are required to retain documentation to support amounts billed for indirect costs.
 - 13.5.5 The Contractor shall define, in the budget and on each reimbursement request, the components of operational costs that are related to nutrition education and breastfeeding promotion and support. At a minimum, one sixth (1/6th) of the Contractor's funds received and documented under this contract must be spent on nutrition education and breastfeeding promotion and support in compliance with the Missouri WOM ER#1.03000.
 - 13.5.6 The Contractor shall appropriately designate staff time to functions performed, in the budget and on each reimbursement request.
- 13.6 The Contractor shall submit to the Department a monthly reimbursement request for the prior month's expenses, with required documentation, by the 11th of the following month.

- 13.6.1 Each monthly reimbursement request shall be made on an electronic “WIC AND NUTRITION SERVICES (WICNS) MONTHLY ADMINISTRATIVE COST REPORT,” including pages WIC-24A, WIC-24B, WIC-24C and, if applicable, a “Special Grant Supporting Information to WIC-24” page for each special grant awarded.
- 13.6.2 Each monthly reimbursement request shall display the Contractor’s unique local agency number assigned by the WIC Program and the month and year identified for the month being submitted, to make each monthly submission a uniquely identifiable invoice for that month.
- 13.6.3 The Department reserves the right to deny reimbursements on costs submitted more than 60 days after the due date, in compliance with the Missouri WOM ER#1.03300.
- 13.7 If the Contractor is overpaid by the Department, the Contractor shall issue a check made payable to “DHSS-DOA-Fee Receipts” upon official notification by the Department within 45 days and shall mail the payment to:

Missouri Department of Health and Senior Services
Division of Administration
Fee Receipts
P.O. Box 570
920 Wildwood Drive
Jefferson City, Missouri 65102-0570
- 13.8 If a request by the Contractor for reimbursement is denied, the Department shall provide the Contractor with written notice of the reason(s) for denial.

14.0 Asset Management:

- 14.1 The Contractor shall obtain written approval to re-budget any amount of funds from object class “special grants”. This paragraph modifies Paragraph 4.1.5 of the Program Services Contract (DH 70). Those provisions of Paragraph 4.1.5 not addressed in this paragraph shall remain effective.
- 14.2 The Contractor shall be responsible for all equipment and software used in WIC Program operations and purchased with WIC Program funds, including computers, hematological equipment, and breast pumps and any equipment and software purchased by the Department and placed for use in a Contractor’s facility.
 - 14.2.1 Such responsibility includes, but is not limited to, assuring equipment and software are available to conduct WIC Program services, to meet Departmental requirements, and to comply with Department specifications; assuring equipment and software are properly maintained and repaired as needed; and assuring equipment

and software are inventoried and kept secure from theft or vandalism.

14.2.2 The Contractor shall ensure that all Personal Computers with an operating system of Microsoft Windows NT, 2000 or XP purchased with WIC funds or purchased by WIC have an Administrative Account that will allow DHSS Technical Staff access to the local computer for installing software to access the state WIC system.

14.2.3 The Contractor shall have current anti-virus software installed and operating on every computer used for WIC functions. The Office of Information Systems recommends using Norton Anti-Virus Corporate Edition version 8.1 for computers that are not State or WIC tagged.

14.3 The Contractor shall respond to Department requests for updated inventory of equipment and software by the date specified by the Department. Failure to comply may lead to a withhold of Contractor's monthly reimbursements until compliance is complete.

15.0 Caseload Reallocations:

15.1 The Department reserves the right to reallocate caseload and operational funds based on cumulative caseload captured and documented in the WIC Program data system. Caseload is defined in Section 7 CFR 246.2 of the regulations and the Missouri WOM ER# 3.06900 as women, infants, children, and fully breastfed infants who do not receive a food package.

15.2 The Department may approve requests from the Contractor for an increase in caseload when the Contractor's actual caseload served exceeds the expected percentage equivalent at the end of each of the first three quarters of the contract year—twenty-five percent (25%) at 3 months, fifty percent (50%) at 6 months, seventy-five percent (75%) at 9 months, or when the projected annualized percentage exceeds one hundred percent (100%), in compliance with the Missouri WOM ER# 3.07400.

15.2.1 Increased operational funds will be approved based on the Contractor's caseload request.

15.2.2 The amount shall not exceed the original budgeted approved per-participant funding (exclusive of breastfeeding peer counselor funds and special grant funds) multiplied by the increased annual caseload.

15.2.3 Any increase in caseload or operational funds shall be communicated through amendment to this contract.

15.3 The Department reserves the right to reduce caseload when the Contractor's actual caseload served is below the expected percentage equivalent at the end of each of the first two quarters of the contract year—twenty-three percent (23%) after 3 months, forty-eight percent (48%) after 6 months or

when the projected annualized percentage is less than ninety-eight percent (98%).

- 15.3.1 Operational funds will be reduced based on the approved original budgeted approved per-participant funding for personnel services multiplied by the reduced annual caseload, in compliance with the Missouri WOM ER# 3.07600.
- 15.3.2 The Department shall provide thirty (30) days written notice to the Contractor prior to a reduction in caseload for underservice with an accompanying reduction in contracted administrative funds.
- 15.4 The Contractor shall provide a written request to the Department prior to a reduction in caseload for any purposes deemed necessary by the Contractor.
 - 15.4.1 Such request must be submitted ninety (90) days prior to the request to implement and must include a plan for achieving the caseload reduction.
 - 15.4.2 Upon written approval by the Department, the Contractor is responsible for notifying current WIC participants and other affected local WIC providers of the proposed caseload reduction and completing work to transfer participants.

16.0 Record-Keeping:

- 16.1 The Contractor shall maintain on file and have available for review, audit, and evaluation all criteria used for certification, including information on the areas served, verification of income standards used, and specific criteria used to determine nutritional risk, nutrition education, high risk care plans, and special formula issuance, in compliance with Section 7 CFR 246.6(b)(9) of the regulations.
- 16.2 The Contractor shall keep full and complete records concerning WIC program operations for at least three years and until an audit clearance letter authorizing record destruction is received from the Department, in compliance with Section 7 CFR 246.25(a) of the regulations and the Missouri WOM ER# 1.06000. This paragraph modifies Paragraph 9 of the Program Services Contract (DH-70). Those provisions of Paragraph 9 **not addressed in** this paragraph shall remain effective.
- 16.3 The Contractor shall maintain records, compile data, and submit reports as required to permit effective enforcement of the nondiscrimination laws in compliance with Section 7 CFR 246.8 (b)(10).

17.0 Monitoring, Findings, Violations and Sanctions:

- 17.1 The Contractor shall prepare a local agency corrective action plan (CAP) in response to Department monitoring in compliance with Section 7 CFR 246.19(b)(4) of the regulations and the Missouri WOM ER# 1.05500.

- 17.1.1 The Contractor shall complete and submit a progress report six (6) months following approval of the CAP to document progress of the CAP.
- 17.2 The Contractor shall complete and submit a biennial management evaluation to review local WIC operations in compliance with Section 7 CFR 246.19(b)(6) of the regulations and the Missouri WOM ER# 1.05550. This management evaluation shall be completed in the off year of the Department's management evaluation.
- 17.3 When the Department determines through contract monitoring visits, consultations, or desk audits during the contract year that the Contractor has failed, without good cause, to demonstrate efficient and effective administration of the WIC Program, to develop an approved corrective action plan in response to monitoring or other non-compliance, to comply with its approved corrective action plan, to provide responses to requests from the Department by specified due dates, or to comply with other requirements contained in this contract, the Department may withhold up to 100 percent (100%) of the Contractor's contract funds for the contract year. Upon correction of the deficiency by the Contractor during the contract year, the Department will provide to the Contractor the withheld funds.
- 17.4 The Department has the right to disqualify or otherwise sanction the Contractor when the Department determines, following a review of the Contractor, that another Contractor can operate the program more effectively and efficiently, or when the Contractor fails repeatedly to meet the terms of the contract, or when the Contractor fails to meet the needs of the service area, in compliance with Section 7 CFR 246.5(e) of the regulations.
- 17.5 The Contractor shall investigate alleged or suspected participant violations, including but not limited to dual participation; maintain on file and have available for review documentation concerning participant violations investigations and sanctions; notify participants who have been sanctioned for program violations of the right to a fair hearing; and contact the Department for authorization of any action that disrupts a participant's program participation and benefits when program violation is substantiated, in compliance with Section 7 CFR 246.12(k)(11) of the regulations and the Missouri WOM ER#s 1.06200-1.06800.

18.0 Special Provisions:

- 18.1 In the event funds from State and/or federal sources are not appropriated, continued, or available at a level sufficient to fund this award or in the event of a change in federal or State law relevant to this contract, the obligations of each party may, at the sole discretion of the Department of Health and Senior Services, be terminated effective immediately or at any other date as determined by the Department.

- 18.2 Return of the proposed contract within forty-five (45) calendar days of the date mailed by the Department is necessary to ensure execution of this contract by the Department.

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK WIC: LOCAL AGENCY BREASTFEEDING PEER COUNSELOR PROJECT

WIC: Local Agency Breastfeeding Peer Counselor

1.0 Purpose:

- 1.1 This attachment is an addendum to the expectations of the WIC: Local Agency Nutrition Services and Administration Scope of Work.
- 1.2 When Breastfeeding Peer Counselor (BFPC) funds are designated on the Program Services Contract (DH-70), the Contractor shall provide BFPC services according to the Contractor approved local agency plan for WIC services.

2.0 Budget/Allowable Costs:

- 2.1 The Contractor shall use the allocated funds only for breastfeeding peer counselor program purposes. Detailed requirements for the project are found in the "Breastfeeding Peer Counselor Training Manual".
- 2.2 The Contractor shall pay peer counselors a stipend or wage appropriate to the job expectations detailed in the "Breastfeeding Peer Counselor Training Manual" provided by the Department.
- 2.3 The Department reserves the right to reallocate Breastfeeding Peer Counselor funds at the end of the second quarter if the Contractor has spent less than forty-eight percent (48%) of the allocated funds, or at the end of the third quarter if less than seventy-three percent (73%) has been spent.

3.0 Reports/Invoicing:

- 3.1 The Contractor shall report costs on the appropriate special grants line of the Monthly Administrative Cost Report (WIC-24).
- 3.2 The Contractor shall submit monthly project activity reports using the reporting form provided by the Department.

4.0 Special Provisions:

- 4.1 All materials developed with BFPC funds shall be considered the property of the Department.
- 4.2 The Contractor shall send the BFPC Project Coordinator or designated staff to the BFPC training session provided by the Department.

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK LOCAL AGENCY WIC FARMERS' MARKET NUTRITION PROGRAM

WIC: Local Agency WIC Farmers' Market Nutrition Program

1.0 Purpose:

- 1.1 This attachment is an addendum to the expectations of the WIC: Local Agency Nutrition Services and Administration Scope of Work.

2.0 Food Instrument Issuance, Accountability, and Security:

- 2.1 The Contractor shall:
 - 2.1.1 Starting no earlier than May 1 and ending no later than September 30, issue Missouri WIC FMNP food instruments ("FI") only to eligible WIC participants aged six (6) months and older who wish to receive them. FMNP FIs must be issued in a similar manner to WIC FIs in accordance with the Missouri WOM ER# 3.04600 and ER#s 3.04800-3.04900. Contractor shall assure that participants receive no more FIs than are allowed according to program rules.
 - 2.1.2 Assure that Contractor's food instrument custodian(s) inventories FMNP FIs consigned by the Department to Contractor according to policies for WIC Food Instruments, in accordance with Missouri WOM ER#s 3.04100-3.04300.
 - 2.1.3 Provide for safe storage and security of FMNP FIs at all time while in Contractor's possession, in compliance with Missouri WOM ER#s 3.04600-3.05300.
 - 2.1.4 Daily key into the WIC HANDS data system all FMNP checks issued to WIC participants using procedures similar to and consistent with the policies for issuing and keying manual WIC FIs, in compliance with Missouri WOM ER# 3.05300(D-E).

3.0 Nutrition Education:

- 3.1 The Contractor shall emphasize fresh fruits and vegetables in nutrition education classes conducted for WIC participants.

4.0 Fiscal Requirements:

- 4.1 The Contractor shall distribute FMNP checks to WIC participants at Contractor's expense.

5.0 Violations and Sanctions:

- 5.1 The Department shall disqualify or otherwise sanction the Contractor when the Department determines the Contractor has failed to meet the terms of the contract, in compliance with Missouri WOM ER# 3.04050.

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK

**WIC: LOCAL AGENCY – A CLIENT-CENTERED
APPROACH TO EDUCATION FOR PREVENTION OF
OVERWEIGHT IN CHILDREN - INTERVENTION**

2005 Scope of Work

Contract Title: WIC: Local Agency—A Client-Centered Approach to Education for Prevention of Overweight in Children—Intervention
page 1 of 2

WIC: Local Agency—A Client-Centered Approach to Education for Prevention of Overweight in Children—Intervention Agency

1.0 Purpose:

- 1.1 This contract section is an addendum to the expectations of the WIC: Local Agency Nutrition Services and Administration Scope of Work.
- 1.2 This addendum defines the deliverables required to pilot a client-centered approach to education for prevention of overweight in children with 350 to 400 mothers and care givers of infants and children. The education will be delivered after an assessment of the mothers'/primary caregivers' readiness to be educated and/or counseled regarding food choices they make and the weight of their children. Nutrition education and counseling appropriate to each stage will be provided.

2.0 Certification and Nutrition Education:

- 2.1 The Contractor shall assure that:

- 2.1.1 At each bimonthly nutrition education session, mothers/primary caregivers will complete the "Readiness-to-Change" self-assessment questionnaires. Responses will be entered into the computer by agency staff to determine caregivers' stages of change.

- 2.1.1.1 The nutrition educators will use the results of the analysis to focus nutrition education on the indicated stage of change.

- 2.1.1.2 This "Readiness-to-Change" self-assessment questionnaire will be repeated at each bimonthly nutrition education session and at each re-certification visit, which occurs approximately every six (6) months for up to three re-certification visits.

- 2.1.2 At each re-certification visit, which occurs every six (6) months, mothers/primary caregivers will be given a questionnaire to complete and bring back in two months. The questionnaires help determine participants' ideas about overweight and obesity in children, eating behaviors, barriers to fruits and vegetable consumption and own body weight perception.

- 2.1.2.1 This questionnaire will be completed at subsequent re-certification visits for up to three re-certification visits.

- 2.1.3 At each re-certification staff will collect height and weight measurements and dietary intake information using the Harvard FFQ for mothers/primary caregivers and their children participating in the project.

2005 Scope of Work

Contract Title: WIC: Local Agency—A Client-Centered Approach to Education for Prevention of Overweight in Children—Intervention
page 2 of 2

- 2.1.3.1 The nutrition educator will give the FFQ forms to the mother/primary caregiver (who is not a WIC participant) to take home, complete, and bring back in two months.
- 2.1.3.2 These measurements and FFQ information will be repeated at subsequent re-certification visits for up to three re-certification visits

3.0 Budget/Allowable Costs:

- 3.1 The Department of Health and Senior Services shall reimburse the Contractor to offset the FTE's salary, cost for postage, supplies, and travel expenses directly related to the grant as well as cost of nutrition education aids consistent with the Stages of Change nutrition education approach also directly related to the grant.
- 3.2 The state agency requires written approval of all nutrition education aids prior to purchase and use by the WIC local agencies to assure compliance with the grant design and applicable federal regulations.
- 3.3 Request for reimbursement for the staff time and other costs associated with this project must be requested from only one funding source.

4.0 Reports/Invoicing:

- 4.1 The Contractor shall report monthly costs associated with these funds on the "Special Grants" line of the Unit Of Nutrition Services and WIC Monthly Administrative Cost Report (WIC-24). Complete and attach a "Special Grant Supporting Information to WIC-24" page for "A Client-Centered Approach to Education for Prevention of Overweight in Children." Monthly invoicing is recommended.
- 4.2 By the 5th of each month, the Contractor shall submit data (completed mother/primary questionnaires) collected in the previous month to OSEPHI central office as specified in the policies and procedures manual provided to the Contractor.

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK

**WIC: LOCAL AGENCY – A CLIENT-CENTERED
APPROACH TO EDUCATION FOR PREVENTION OF
OVERWEIGHT IN CHILDREN - COMPARISON**

WIC: Local Agency—A Client-Centered Approach to Education for Prevention of Overweight in Children—Comparison Agency

1.0 Purpose:

- 1.1 This contract section is an addendum to the expectations of the WIC: Local Agency Nutrition Services and Administration Scope of Work.
- 1.2 This addendum defines the deliverables required from the comparison agency to test a client-centered approach to education for the prevention of overweight in children.

2.0 Certification and Nutrition Education:

- 2.1 The Contractor shall assure that:

2.1.1 At participant re-certifications scheduled between January 1, 2005 and ending no later than August 31, 2005, staff will collect height and weight measurements and dietary intake information using the Harvard FFQ for dyads (mothers/primary caregivers and their children) participating in the project.

2.1.1.1 Staff will give the FFQ questionnaire to WIC and non-WIC participants of the dyads participating in the project, requesting the dyads to return the questionnaire within two (2) months. At which time mother/primary caregiver will complete the “Readiness-to- Change” self-assessment questionnaire, and the answers will be recorded and entered into the computer.

2.1.1.2 Staff will attempt to schedule mother/primary caregiver-child dyads the same as the previous recertification appointment six (6) months ago, which will allow correct comparison of data.

2.1.1.3 If measurements cannot be taken on the same day for mother/primary caregiver-child dyad, measurements should be taken within one (1) month. *If measurements cannot be taken within one month, enter “8”s for unknown.*

- 2.1.2 Staff will provide nutrition education and counseling to mothers/primary caregivers as usual during this period.

2005 Scope of Work

Contract Title: WIC: Local Agency—A Client-Centered Approach to Education for Prevention of Overweight in Children—Comparison
page 2 of 2

3.0 Reports:

- 3.1 The Contractor shall be responsible for collecting and sending data to the central office as specified in the policies and procedures manual. Contractor shall continue to submit completed mother/primary caregiver questionnaires collected from caregivers for the previous month to the central office by 5th of the following month as specified in the policies and procedures manual.

FY 2005 MISSOURI WIC STATE PLAN

2005 SCOPE OF WORK WIC: LOCAL AGENCY PROGRAM FOR DIETETIC INTERNSHIP

WIC: Local Agency Dietetic Internship

1.0 Purpose:

- 1.1 This attachment is an addendum to the expectations of the WIC: Local Agency Nutrition Services and Administration Scope of Work.

2.0 Staffing:

- 2.1 The Contractor shall hire a nutritionist to fulfill the functions of the agency's WIC nutritionist as described in the WIC Operations Manual, ER#2.01400.
- 2.2 The Contractor shall assure that the substitute nutritionist is qualified, in compliance with **Section 7 CFR** 246.2 of the regulations and the Missouri WOM ER#2.01400.
- 2.3 The Contractor shall assure the nutritionist provides the services required.
- 2.4 The Contractor shall assure that the agency's nutritionist who is accepted into the Department's Program for Dietetic Interns (PDI) is not expected to carry a work load for the Contractor while in the PDI Program. Reasonable communication not to exceed more than two (2) times per week between the intern and local WIC agency via e-mail or phone is allowable.

3.0 Allowable Costs:

- 3.1 The Contractor shall use the funds only to pay for personnel time as outlined in the request submitted by the agency.

4.0 Invoicing:

- 4.1 The Contractor shall report costs on the appropriate special grants line of the **Administrative Monthly Cost Report** (WIC-24).

FY 2005 MISSOURI WIC STATE PLAN

ORGANIZATIONAL CHARTS

Missouri Staffing for WIC Functions

WIC Director:	Perry Mathes, MPA	WICNS ¹
WIC Nutrition Coordinator:	Phyllis Fuller, MBA, RD, LD	WICNS ¹
WIC Vendor Coordinator:	Randy Walton	WICNS ¹
WIC Breastfeeding Coordinator:	Takako Tagami, MS, RD, LD, CBE	WICNS ²

Responsible for:

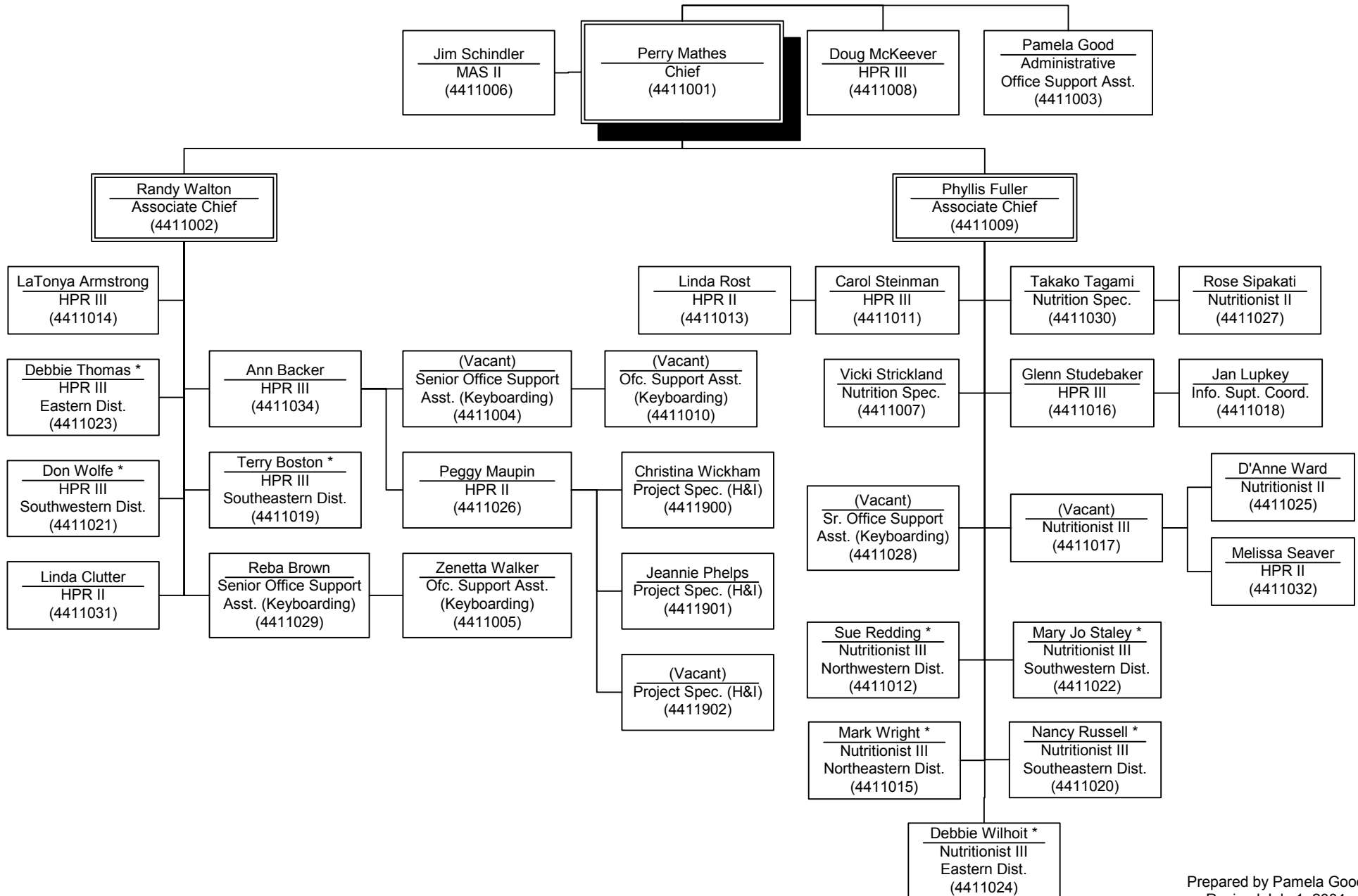
Certification and Nutrition Counseling	Takako Tagami, MS, RD, LD, CBE	WICNS ¹
WIC Approved Foods	Takako Tagami, MS, RD, LD, CBE	WICNS ¹
Vendor Contracting and Training	LaTonya Armstrong, MBA	WICNS ¹
Vendor Compliance	Ann Backer	WICNS ¹
Payments to Vendors and Local Providers	James Schindler, MBA	WICNS ¹
Local Agency and Participant Compliance	Carol Steinman	WICNS ¹
Local Agency Training Coordinator	Vacant	WICNS ¹
Local Agency Technical Assistance Coordinator	Glenn Studebaker	WICNS ¹
Outreach and Public Information	Vacant	CHI ³
Nutrition Education and Resources	Rosalind Wilkins, MS, RD, LD	NPE ²
Evaluation, Tools and Surveillance Data	Nick Boshard, MPH, PhD	SE ⁴
Program for Dietetic Interns	Anita Cain, MS, RD, LD	NPE ²
Information Technology Coordinator	R. Douglas McKeever	WICNS ¹
Commodity Supplemental Food Program	Ann McCormack, MPH, RD	CFNA ⁵

Chief

1 WIC and Nutrition Services	Perry Mathes, MPA	WICNS
2 Nutrition Policy and Education	Rosalind Wilkins, MS, RD, LD	NPE
3 Community Health Information	Vacant	CHI
4 Surveillance and Epidemiology	Nick Boshard, MPH, PhD	SE
5 Community Food and Nutrition Assistance	Ann McCormack, MPH, RD	CFNA

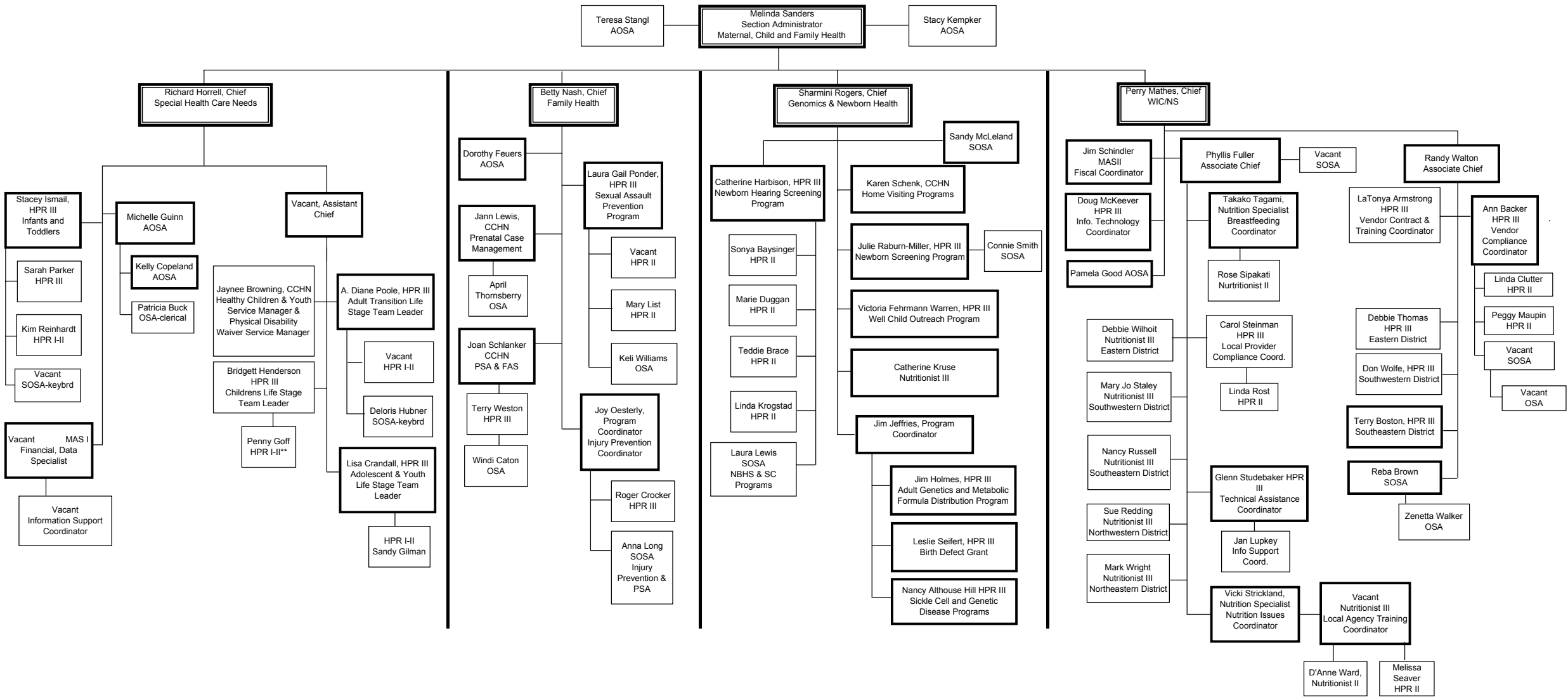
SECTION FOR MATERNAL, CHILD AND FAMILY HEALTH WIC AND NUTRITION SERVICES

ORGANIZATIONAL CHART



*Staff assigned to District Offices

Prepared by Pamela Good
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Division of Community Health				
Connie Mihalevich Jane Albert	Deborah Markenson Audra Herkelman	Melinda Sanders Stacy Kempker, Teresa Stangl	Sherri Homan Sharman McPherson-Barlow	Deborah Goldammer Lillian Hellebusch
Section for Community Health Systems and Support (CHSS)	Section for Chronic Disease Prevention and Health Promotion (CDPHP)	Section for Maternal, Child and Family Health (MCFH)	Office of Surveillance, Evaluation, Planning and Health Information (OSEPHI)	Office of Fiscal Support (OFS)
Healthy Communities and Schools (HCS) – Mark Davis, Jeannie Ruth <ul style="list-style-type: none"> ▪ CHART (Community Health technical Assistance, Resources & Training) ▪ Healthy Schools, Healthy Adolescents <ul style="list-style-type: none"> ○ Coordinated School Health ○ School Health Program/Contracts ○ State School Nurse Consultation ○ Adolescent Health ○ Abstinence Education ▪ Coordinated Community Health Services – Maternal Child Health Contracts <ul style="list-style-type: none"> ○ District Community Health Nurses 	Chronic Disease Control (CDC) – Ann Lock, Peggy Gaddy <ul style="list-style-type: none"> ♦ Arthritis and Osteoporosis Control ▪ Asthma Prevention and Control ▪ Diabetes Prevention and Control ▪ Heart Disease and Stroke ▪ Chronic Care Management Collaborative ▪ Organ Donor Program ▪ Blindness Education, Screening and Treatment 	Family Health (FH) – Betty Nash <ul style="list-style-type: none"> ▪ Prenatal Case Management ▪ Alternatives to Abortion ▪ Breast Implants ▪ Perinatal Substance Abuse ▪ Fetal Alcohol Syndrome Initiative (FAS) ▪ Injury and Violence Prevention <ul style="list-style-type: none"> ○ Suicide ○ Interpersonal Violence ○ Sexual Assault Prevention and Education/Victim Services ○ Sexual Assault Forensic Evaluation & Child Abuse Resource & Education (SAFE-CARE) ○ Safe Kids Coalitions 	Quality Improvement, Planning, Evaluation, (QIPE) <ul style="list-style-type: none"> ▪ Program Evaluation ▪ Strategic Planning ▪ Quality Improvement Initiatives ▪ MCH Block Grant Preparation ▪ Coordination/TA for Grants ▪ PHHS Grant 	<ul style="list-style-type: none"> ▪ All budget functions ▪ All payroll functions – Sandy Clark ▪ All payment functions – Emily Leonard ▪ Review/verification of grant budgets ▪ Primary liaison with DOA ▪ SIDS payments ▪ Rape Medical Exam Payments ▪ Centralized processing of personnel functions ▪ Coordinate/oversee fiscal note preparation ▪ Pilot of consolidated monitoring (future)
Primary Care and Rural Health (PCRH) – Harold Kirby, Tim Taylor <ul style="list-style-type: none"> ▪ Primary Care (PC) <ul style="list-style-type: none"> ○ Primary care Resource Initiative for Missouri (PRIMO) – primary care systems development ▪ Rural Health (RH) <ul style="list-style-type: none"> ○ Rural Hospital Flexibility Program (HF) ○ Rural Automated External Devices Program (AED) ○ Small rural Hospital Improvement Program (SHIP) ▪ Health Professional Incentives <ul style="list-style-type: none"> ○ MO Professional & Practical Nursing Student Loan & Loan Repayment ○ PRIMO incentives/student loans ○ J-1 Visa/State 30 Waiver Program ○ National Interest Waiver (NIW) ○ Health Professional Loans and Loan Repayment Program ▪ Oral Health Program (OHP) 	Cancer Control (CC) – Marianne Ronan <ul style="list-style-type: none"> ▪ Breast and Cervical Cancer Control ▪ WISEWOMAN ▪ Comprehensive Cancer Control ▪ Cancer Inquiry 	Special Health Care Needs (SHCN) – Diane Poole <ul style="list-style-type: none"> ▪ Children with Special Health Care Needs Treatment and Service Coordination ▪ Healthy Children and Youth /Physical Disabilities Waiver (PDW) ▪ Head Injury (Adult) 	Consumer Health Information <ul style="list-style-type: none"> ▪ Public Information Activities and Staff Oversight ▪ Tel-Link ▪ Web Site maintenance ▪ Publications 	
	Health Promotion (HP) – Janet Wilson <ul style="list-style-type: none"> ▪ Physical Activity Initiatives ▪ Tobacco Use Prevention ▪ Primary Prevention ▪ Obesity Program 	Genomics and Newborn Health (GNH) – Sharmini Rogers <ul style="list-style-type: none"> ▪ Genetic Service Program ▪ Adult Genetics Program ▪ Metabolic Formula Distribution ▪ Newborn Screening ▪ Newborn Hearing Screening ▪ Sickle Cell Anemia ▪ Baby Your Baby ▪ Well Child Outreach ▪ Breastfeeding ▪ Birth Defects Awareness ▪ Home Visitation 	Surveillance and Epidemiology (SE) <ul style="list-style-type: none"> ▪ Surveillance and Epidemiology Coordination <ul style="list-style-type: none"> ○ Behavioral Risk Factor Surveillance System (BRFSS) ○ Cancer Registry ○ Fetal & Infant Mortality Review (FIMR) ○ Pediatric Nutrition Surveillance System (PedNSS), Pregnancy Nutrition Surveillance System (PNSS) ○ Pregnancy Associated Mortality Review (PAMR) ○ Harvard Food Frequency Questionnaire 	
Community Food and Nutrition Assistance Programs (CFNA) – Ann McCormack, Melanie Madore <ul style="list-style-type: none"> ▪ Child & Adult Care Food Program ▪ Summer Food Service Program ▪ Commodity Supplemental Food Program (CSFP) 	Nutrition Policy and Education (NPE) – Rosalind Wilkins <ul style="list-style-type: none"> ▪ Missouri Nutrition Network <ul style="list-style-type: none"> ○ Healthy Community Nutrition Education Initiative ▪ 5-A-Day ▪ Nutrition Training Institute <ul style="list-style-type: none"> ○ Program for Dietetic Interns ○ Nutrition Resources ○ Public Health Nutrition Practicums ○ Web-based Breastfeeding Curriculum for Health Professionals ▪ Child Nutrition <ul style="list-style-type: none"> ○ Team Nutrition ○ Children with Special Health Care Needs ○ Nutrition Screening ○ School Nutrition Education 	WIC and Nutrition Services (WIC/NS) – Perry Mathes, Phyllis Fuller <ul style="list-style-type: none"> ▪ Women, Infants, and Children (WIC) ▪ Farmer's Market ▪ Senior Farmer's Market 		

Examples of Cross Walk Issues/Teams: Where topics and work cross multiple sections (listing is not all inclusive).

▪ Coordinated School Health	▪ Obesity	▪ District Office Coordination	▪ Community Data Profiles-composite packaging of data for communities
▪ Professional Development and Training/PH Workforce Development	▪ Chronic Care Management	▪ Oral Health	
▪ Process for outcome-based planning/evaluation and monitoring of contracts, etc.	▪ Women's Health Services	▪ Genomics	

FY 2005 MISSOURI WIC STATE PLAN

FOOD DELIVERY

WIC VENDOR AUTHORIZATION CONTRACT



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC VENDOR AUTHORIZATION CONTRACT

ER 0045 Page 1 of 10

VENDOR	CERTIFIED: MBE <input type="checkbox"/> WBE <input type="checkbox"/> NA <input type="checkbox"/>	CONTRACT NO. ER0045
ADDRESS	OA VENDOR NUMBER	
		CONTRACT CATEGORY
<div>1. THIS CONTRACT is between the above named contractor (Vendor) and the State of Missouri, Department of Health and Senior Services (Department).</div> <div>2. The Vendor shall maintain strict confidentiality of all patient and client information or records supplied to it by the Department or that the Vendor establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the Department and the participants/client or the participants/clients parent or legal guardian unless such disclosure is required by law. The Vendor assumes liability for all disclosures of confidential information by the Vendor and/or the Vendor’s subcontractors and employees. The Vendor agrees to comply with all applicable provisions of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).</div> <div>3. CONTRACT BACKGROUND AND PURPOSE<div>3.1 This Contract covers the conditions of Vendor’s participation as an authorized Contractor for the Department in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) of the United States Department of Agriculture (USDA) under Regulations 7 CFR 246 (Regulations).</div><div>3.2 The WIC Program was established by the United States Congress to provide supplemental foods and nutrition education at no cost to eligible persons.</div><div>3.3 The WIC Program serves Missouri by providing the eligible women, infants and children nutritional support and referrals to other health care services during critical times of growth and development. The Program assists in the prevention of health problems and improves the health status of its participants.</div><div>3.4 This Contract serves to meet the following objectives of the Department’s <i>Integrated Strategic Plan</i>:<div>3.4.1 Goal 1, Objective 6 “Reduce the infant death rate.”</div><div>3.4.2 Goal 1, Objective 7 “Maintain the percentage of known pregnancies resulting in healthy birth weight by increasing the percent of women who consume nutritionally adequate diets.”</div><div>3.4.3 Goal 1, Objectives 8 and 11 “Increase the proportion of infants and children who consume a nutritionally adequate diet.”</div><div>3.4.4 Goal 3, Objective 6 “Increase the proportion of Missourians eating a well-balanced nutritious diet by increasing the proportion of adults which increase their average daily intake of fruits and vegetables.”</div></div><div>3.5 This Contract contributes to the achievement of the following Missouri “Priority Results”:<div>3.5.1 Born healthy and enter school ready to learn.</div><div>3.5.2 Succeed in school.</div><div>3.5.3 Enjoy a long healthy life.</div><div>3.5.4 Achieve financial and job security for family.</div></div></div>		
This Contract expresses the complete agreement of the parties and shall supersede all previous communication, representations or agreements, either verbal or written, between the parties. Performance shall be governed solely by the terms and conditions contained in this Contract. By signing below, the Vendor and the Department agree to all terms and conditions set forth in this Contract.	RECOMMENDED FOR APPROVAL BY DIVISION DIRECTOR Paula F. Nickelson, Director Division of Community Health DATE	
AUTHORIZED CONTRACTOR SIGNATURE	SIGNATURE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES REPRESENTATIVE AUTHORIZED TO SIGN CONTRACT	
PRINTED NAME/TITLE	PRINTED NAME/TITLE Mark R. Reading, Director, Division of Administration	
DATE	DATE	



4. This Contract is for the period October 1, 2003 to September 30, 2006. Neither the Department nor the Vendor has an obligation to renew this Contract. If the Vendor wishes to continue to be authorized beyond the period of the current Contract, the Vendor must reapply for authorization. The Vendor must comply with the provisions of this Contract and must remain in compliance with all federal and state laws, statutes, policies, procedures, manuals and Regulations of the WIC Program, including any changes made during the Contract period. Failure to do so will result in Contract termination. If the Vendor is disqualified, the Department will terminate the Contract and the Vendor will have to reapply in order to be authorized after the disqualification period is over. This Contract is not a license or property interest. Expiration of the Contract is not subject to appeal. The Contract may be terminated by the Department for cause by giving at least thirty (30) days written advance notice to the Vendor.
5. The Vendor acknowledges receipt of the WIC Vendor Manual and agrees to follow all policies, procedures and conditions specified therein.
6. CATEGORY OF CONTRACTS PER AUTHORIZED FOOD PACKAGE:
- 6.1 All approved foods, standard WIC Contract brand formulas and special formulas.
 - 6.2 All approved foods and standard WIC Contract brand formulas. Option: special formulas as available from Vendor's grocery wholesaler.
 - 6.3 Pharmacy –Special formula only.
 - 6.4 Pharmacy –Special formula, infant cereal and infant juice.
 - 6.5 Milk only.
 - 6.6 A group of stores of varying size which are owned by a single entity (e.g., sole-proprietorship, partnership, Sub-chapter "S" corporation, publicly traded corporation, etc.). Each store location is evaluated individually based on selection criteria and assigned the appropriate category from those listed herein, such to be detailed on ATTACHMENT #1.
7. Vendor must comply with the vendor selection criteria throughout the Contract period. The Department may reassess Vendor at any time during the Contract period using the selection criteria in effect at the time of reassessment. The Department will terminate the Contract if Vendor fails to comply with the current vendor selection criteria. The Department reserves the right to make exceptions to the vendor selection criteria to address inadequate participant access, as defined within the WIC Vendor manual.
8. Vendor shall give sixty (60) days written notice to the Department of ownership changes, when ceasing operations, or when Vendor relocates to another site. This Contract is null and void if the ownership or location of the store changes.
9. The Department will terminate the Contract if the Department identifies a conflict of interest, as defined by State laws, Regulations, and policies, between the Vendor and the Department or its local agencies. The Department will immediately terminate this Contract if it determines Vendor has provided false or misleading information when applying for this or other contracts with the Department.
10. Vendor agrees to:
- 10.1 Maintain a minimum stock (quantity and variety) of the then current, WIC approved foods on store shelves at all times. This includes before, during and after heavy volume of WIC redemption activity. **MINIMUM types of shelf stock:** [Contract categories applicable are indicated in brackets]:
 - 10.1.1. INFANT FORMULA:** By Tiered Stocking Peer Groups
 - **Class I:** Stores with annual WIC sales of \$72,000 or below.
 - **Class II:** Stores with annual WIC sales of \$72,001 - \$2,000,000.
 - **Class III:** Stores that are owned by major chains, e.g., Dierbergs, Dillions/Gerbes, Hy-Vee, Kroger, Shop-N-Save, Schnucks and Town & Country.
 - **Class IV:** Stores that are discount groceries and hypermarkets, e.g., Price Chopper, Price Cutter/Ramey and Wal-Mart.



Stocking Levels	Class I	Class II	Class III	Class IV
Enfamil w/ iron LIPIL				
Concentrate	36 cans (3 cases)	48 cans (4 cases)	60 cans (5 cases)	60 cans (5 cases)
Powder	12 cans (2 cases)	18 cans (3 cases)	24 cans (4 cases)	24 cans (4 cases)
Lactofree LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Prosobee LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Enfamil w/ iron				
Concentrate	12 cans (1 case)	24 cans (2 cases)	24 cans (2 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)

- 10.1.2 SPECIAL FORMULA: Must be available for redemption within 72 hours of participant or WIC agency request. [Categories 6.1, 6.3, 6.4]
- 10.1.3 INFANT CEREAL: Plain, dry (no fruit added) in 8 oz. box and 16 oz. box sizes. Minimum stock - six (6) 8 oz. boxes. [Categories 6.1, 6.2, 6.4]
- 10.1.4 INFANT JUICE: Any flavor (no yogurt added) in 32 oz. plastic bottles. Minimum stock - six (6) bottles. [Categories 6.1, 6.2, 6.4]
- 10.1.5 MILK PRODUCTS: Whole, reduced fat (2%), and low fat (1%, ½%, or skim) milk in gallons. Minimum stock - twelve (12) gallons whole, eight (8) gallons 2%, and eight gallons low fat. [Categories 5.1, 5.2] **MILK ONLY CONTRACTS:** Minimum stock - three (3) gallons each of whole, 2%, and low fat (1%, ½%, or skim) milk. [Category 6.5] Cultured buttermilk, evaporated milk, and dry milk must be available for redemption within 72 hours of WIC customer or WIC agency request. [Categories 6.1, 6.2, 6.5]
- 10.1.6 SPECIALTY MILK: Must be available for redemption within 72 hours of participant or WIC agency request. [Categories 6.1, 6.2]
- 10.1.7 EGGS: Grade A or AA, White, medium size only. No low cholesterol or specialty eggs. Minimum stock - six (6) single dozen cartons. [Categories 6.1, 6.2]
- 10.1.8 CHEESE: Plain, natural, domestic cheeses. Must be prepackaged, store brand/generic only. Minimum stock - three (3) different varieties of any size, and a total of twelve (12) pounds. [Categories 6.1, 6.2]
- 10.1.9 CEREALS: Hot cereals. Minimum stock - six (6) boxes. Cold cereals. Minimum stock- At least three (3) different varieties and a total of eighteen (18) units. [Categories 6.1, 6.2]
- 10.1.10 JUICE: Fruit or vegetable juice, 46 oz. cans or plastic bottles. Minimum stock - At least three (3) different varieties and a total of eighteen (18) units. 12 or 11.5 oz. concentrates (frozen and/or non-frozen shelf-stable). Minimum stock - At least three (3) different varieties and a total of eighteen (18) units. [Categories 6.1, 6.2]
- 10.1.11 DRIED BEANS AND PEAS: Plain (no flavor additives) store brand/generic only, in one-pound packages. Minimum stock - At least two (2) varieties and a total of three (3) one-pound bags. [Categories 6.1, 6.2]



- 10.1.12 PEANUT BUTTER: Creamy, plain, **store brand/generic only**. Minimum stock - three (3) 18 oz. jars. [Categories 6.1, 6.2]
- 10.1.13 CARROTS: Any brand of plain, fresh or frozen carrots, in one or two (2) pound packages or bunches. Minimum stock - six (6) pounds. [Categories 6.1, 6.2]
- 10.1.14 TUNA: Any brand of plain tuna, water packed **only**. Minimum stock - twelve (12) cans of 6.0 to 6.5 oz. size. [Categories 6.1, 6.2]
- 10.2 Transact only properly issued Missouri WIC food instruments, only from Program participants, parents or guardians of infant or child participants, or their authorized proxies.
- 10.3 Transact the food instrument only within the “FIRST DATE TO USE” through the “LAST DATE TO USE” as specified on the food instrument. Submit the food instrument for payment in the manner instructed by the Department within sixty-days (60) from the “FIRST DATE TO USE”. The Department shall have no obligation to pay food instruments transacted or redeemed by Vendor outside of these timeframes.
- 10.4 Provide **ONLY** WIC approved foods as issued on the food instrument in the specified quantities; provide no unauthorized food items, no non-food items, cash or credit in exchange for food instruments.
- 10.5 Issue no rainchecks, due bills, credit slips, or any similar type billing to Program participant, parent or guardian of infant or child participant, or their authorized proxy.
- 10.6 Allow the purchase of the full amount of WIC food issued on the food instrument.
- 10.7 Allow the WIC customer to purchase any brand of WIC approved food issued on the food instrument, unless the issued food is brand specific on the food instrument.
- 10.8 Charge a price for WIC approved foods that is equal to or less than the current price charged to non-WIC customers; do not charge sales tax.
- 10.9 Not transfer cash in the form of change to the WIC customer from the WIC food instrument transaction; do not charge the WIC customer cash or credit for the food items covered by the food instrument.
- 10.10 Ensure that WIC customers do not return foods purchased with WIC food instruments for cash or other merchandise, even if on the WIC Approved Food List. Items may be exchanged for another of the exact same item if the product originally received is damaged, spoiled or otherwise unfit for consumption.
- 10.11 Ensure that the purchase price is entered on the food instrument and that the price includes only the foods provided for by the instrument that were actually purchased by the program participant.
- 10.12 Enter the purchase price on the food instrument prior to obtaining the signature of the Program participant, parent or guardian of infant or child participant, or their authorized proxy. Accept no pre-signed food instruments.
- 10.13 Ensure the Program participant, parent or guardian of infant or child participants, or their authorized proxy signs the food instrument in the presence of the cashier. Ensure that the cashier verifies that the signature on the food instrument matches one of the authorized signatures found on the participant identification folder.
- 10.14 Submit on the appropriate form current shelf prices and quantities for WIC approved foods quarterly or as requested by the Department.
- 10.15 Submit to the Department gross sales, food sales, and Food Stamp sales information upon request.
- 10.16 Maintain adequate inventory records to verify billings made for all WIC food items purchased at any time during the current Contract period, and for the previous three years if a WIC Vendor Contract was then in effect. This must include, but is not limited to inventory records required for Federal tax reporting purposes. Vendor must retain all sales receipts for transacted food instruments for the current Contract period. Upon request, the Vendor must make available to



representatives of the Department, USDA and the Comptroller General of the United States all food instruments in the Vendor's possession and all program-related records.

- 10.17 Not seek restitution from WIC customers for food instruments not paid, in part or in full, by the Department, refunds requested due to overcharge, or any other food instrument discrepancies that have caused the food instrument to be rejected or adjusted for payment.
- 10.18 The Contractor shall comply with the nondiscrimination provisions of Departmental regulations (7 CFR parts 15, 15a, and 15b). No person shall be subject to discrimination on the basis of race, color, national origin, sex, age, or disability. The Contractor shall comply with the nondiscrimination provisions of Governors Executive Order #87-6 and all other State laws. No person shall be subject to discrimination on the basis of religion or political affiliation.
- 10.19 Attend training and instruction on the WIC Program from the Department or its designee. The Department retains sole discretion to designate the date, time, and location of the training. At least one representative of the Vendor must participate in training annually. Training may include, but is not limited to, all initial evaluations for new WIC Vendor Contract authorizations, required annual or other scheduled vendor training sessions, follow-up of compliance-buy purchases that do not result in disqualification, any noncompliance with the Vendor Contract, monitoring visits, and educational buys.
- 10.20 Be accountable for all actions of owners, officers, managers, agents, and employees involved in the handling of WIC food instruments. Vendor must inform and train cashiers and other staff involved with transactions, stocking, or redemption of food instruments, on all Program requirements.
- 10.21 Offer WIC customers the same courtesies as offered to other customers, including but not limited to discount coupons or promotion specials.
- 10.22 Maintain store in compliance with current Missouri Food Code sanitation requirements.
- 10.23 Ensure that the packaging of all WIC approved food is in good condition and protects the integrity of the contents, so that the food is not exposed to adulteration or potential contaminants. No WIC approved food shall be provided during a WIC transaction that is beyond the date imprinted on the product packaging by the product's manufacturer or packager.
- 10.24 Ensure store hours and prices of all WIC approved foods are posted, and that WIC authorization signs are displayed.

11. The Department or its designee shall:

- 11.1 Make payment to Vendor upon receipt of validly transacted and redeemed food instruments for food costs incurred in providing WIC approved foods to WIC customers.
- 11.2 Provide guidance to Vendor concerning the WIC approved foods and applicable program guidelines.

- 12. The Department shall deny payment, either partially or fully, to Vendor for improperly transacted or redeemed food instruments; or may establish a claim for payments already made on improperly transacted food instruments; or may offset future payments for the claim. The Department has the right to demand refunds for charges of more than Vendor's actual selling price and shall deny payment to the Vendor for more than the price limitations of the food instrument. The Department will provide the Vendor with an opportunity to justify or correct a claim, a demand for refund, or a denial of payment for fatal or non-fatal food instrument errors.
- 13. Non-payment of claims for improperly transacted food instruments or overcharges will result in Contract suspension, with fifteen (15) days notice, until the Department receives payment in full. The Department may, at its discretion, establish a repayment schedule for a Vendor. No repayment schedule will be offered if intent to defraud or lack of business integrity has been established.
- 14. The Department retains the right, for itself or its designee, to monitor Vendor for compliance with this Contract. The Vendor shall provide access to all food instruments in its possession, WIC transaction receipts, purchase orders and/or invoices for WIC approved foods, shelf price records, and all retail storage areas when requested by the Department or its designee.



15. In the event Vendor has stores at multiple locations, Vendor shall accept total responsibility for Program operations of all participating locations listed on Contract Attachment #1. Notwithstanding, all stores will be assessed, categorized, and treated individually and not as one unit. Additions or deletions of individual store locations that may be requested by Vendor, shall be subject to the same review procedures as single location applicants, and shall be effective upon a signed Contract amendment by the Department. Termination or disqualification of individual stores will be determined by the Department, with a fifteen (15) day written notice, unless required to be immediate by the Regulations.
16. Vendor committing fraud or abuse of the WIC Program is liable to prosecution under applicable federal, state or local laws. A Vendor which has willfully misapplied, stolen, or fraudulently obtained WIC Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.
[7 CFR 246.12(h)(3)(x)]
17. The Regulations provide for mandatory sanctions up to and including disqualification. Disqualification from the WIC Program may result in disqualification from the Food Stamp Program (FSP). Such disqualification may not be subject to administrative or judicial review under the FSP.
18. The Department shall disqualify Vendor for Program abuse. The Department will give Vendor fifteen (15) days notice before imposing a sanction, except for certain mandatory sanctions, which are required by Regulations to take immediate effect upon receipt of notice by Vendor. Vendor has a right to appeal disqualification or other adverse action that affects Vendor participation in the WIC Program unless otherwise stated or restricted by the Regulations. [7 CFR 246.18]
19. The Department shall disqualify Vendor from the WIC Program if Vendor is currently disqualified from the FSP. The length of such disqualification from the WIC Program shall correspond to the period of the FSP disqualification, but may begin at a later date than the FSP disqualification. If the Department determines that WIC Program disqualification of Vendor due to FSP disqualification would result in inadequate WIC Program participant access to WIC foods, the Department will assess a Civil Money Penalty (CMP) in lieu of disqualification. A CMP will not be issued in lieu of disqualification for a third or subsequent sanction. This disqualification is not subject to administrative or judicial review under the WIC Program
20. The Department may disqualify Vendor if Vendor has an imposed FSP CMP in lieu of disqualification due to an FSP determination of FSP participant hardship. A WIC Program disqualification due to a FSP CMP shall correspond to the period for which Vendor would otherwise have been disqualified in the FSP.
21. Civil Money Penalty (CMP) -- The Department will assess Vendor a CMP in lieu of disqualification only if the disqualification would result in inadequate participant access as defined by the Department. Ten (10) percent of Vendor's average monthly WIC redemptions multiplied by the number of months Vendor would have been disqualified will determine the CMP. Vendor's monthly WIC redemption for the previous six (6) months will be used to determine the average monthly WIC redemption. For each violation that warrants permanent disqualification, the amount of the CMP shall be \$25,000. If during the course of a single investigation Vendor commits multiple violations, the Department may impose a CMP for each violation. The total amount of CMP for violations found, as part of a single investigation shall not exceed \$50,000. Amounts are subject to change in future revisions to the Regulations.
22. Failure to pay a fine and/or Civil Money Penalty. If Vendor does not pay or partially pays a fine and/or CMP within the specified time frames, the Department will disqualify Vendor for the length of the disqualification corresponding to the class of violation for which the fine and/or CMP was assessed in lieu of disqualification.
23. Violations of WIC Program policies by Vendors are categorized as Class "A", "B", "C", or "D" Violations. The WIC Program is not required to give Vendor prior warning that violations were occurring before imposing sanctions. Class "A" and "B" Violations are subject to mandatory federal sanctions as defined in 7 CFR 246.12 and shall constitute grounds for disqualification from the WIC Program for a minimum of one (1) year and up to permanent disqualification. The Department shall not accept voluntary withdrawal of Vendor from the WIC Program as an alternative to disqualification for Class "A" and Class "B" Violations. Disqualification shall be entered on the record. Non-renewal of this Contract shall not be used by the Department as an alternative to disqualification.



- 23.1 Class “A” Violation #1 (following) will result in permanent disqualification effective on the date of the receipt of the notice. No prior notice will be given.
- 23.2 Class “A” Violations #2 and #3 (following) will result in disqualification effective fifteen (15) days from the date of receipt of the notice.
- 23.2.2 For Violation #1, a CMP will be imposed in lieu of disqualification if the Department determines that disqualification would result in inadequate participant access or if the Department determines that the Vendor had, at the time of the violation, effective policies and procedures to prevent trafficking, and the ownership of the Vendor was not aware of, did not approve of, and was not involved in the conduct of the violation. This determination is at the sole discretion of the Department. [7 CFR 246.12(1)(1)(i)(B)]
- 23.2.3 For Violations #2 and #3, a CMP will be imposed in lieu of disqualification if the Department determines that disqualification of Vendor would result in inadequate participant access. [7 CFR 246.12(1)(1)(ix)]
- 23.3 For the first occurrence of Violations #2, #3, #4, #5, #6, #7, #8, or #9 the standard mandatory sanction will apply. A second occurrence of any of these violations will result in a double sanction. For the first violation, the standard mandatory sanction will apply. If the Vendor is found in violation a second time, resulting in any of the mandatory sanctions, the sanction for that particular violation will be doubled. Example: Vendor was disqualified for (1) year for first violation. If a second violation occurs that requires a standard mandatory sanction of disqualification for three (3) years, the Vendor will be disqualified for six (6) years or a CMP will be imposed and doubled.
- 23.4 A third occurrence of Violations #2, #3, #4, #5, #6, #7, #8, or #9 will result in a double sanction, with no option for a CMP.

Class A Violations #1 through #3:

- #1 Conviction of trafficking (buying or selling WIC food instruments), conviction of selling firearms, ammunition, explosives or controlled substances in exchange for WIC food instruments. Permanent Disqualification.
- #2 One incidence of trafficking (buying or selling WIC food instruments), selling firearms, ammunition, explosives or controlled substances in exchange for WIC food instruments. Length of Disqualification - 6 years
- #3 One incidence of the sale of alcohol, alcoholic beverages or tobacco products in exchange for WIC food instruments. Length of Disqualification - 3 years.
- 23.5 Class “B” Violations #4 through #9 (following) require a pattern of violations. Pattern is defined as two (2) or more Class “B” violations that occur during the period the Vendor is under Contract.
- 23.5.2 For a single Class “B” Violation, #4 through #9, Vendor may be given a written notice of violation. When written notice is given, Vendor will receive a one hundred (100) dollar fine, and must establish a corrective action plan that includes Vendor attendance at a mandatory training.
- 23.5.3 For the first occurrence of a pattern of Class “B” Violations, the Department will disqualify Vendor or impose a CMP.

Class B Violations #4 through #9:

- #4 Charging WIC customers more for WIC approved foods than non-WIC customers or charging more than the posted shelf price (overcharges). Length of Disqualification - 3 years.
- #5 Claiming reimbursement for the sale of any WIC food item that exceeds the store’s documented inventory of that food item for a specific period. Length of Disqualification - 3 years.
- #6 Receiving, transacting, and/or redeeming WIC food instruments outside of authorized channels, including the use of an unauthorized retailer and/or an unauthorized person. Length of Disqualification - 3 years.
- #7 Charging the Program for WIC foods not received by the WIC customer. Length of Disqualification - 3 years.



- #8 Providing credit or non-food items (other than alcohol, tobacco, cash, firearms, ammunition, explosives or controlled substances) in exchange for WIC food instruments, or in exchange for items purchased with a WIC food instrument. Issuing “rain checks”, due bills, credit slips or any similar type of billing. Length of Disqualification - 3 years.
- #9 Providing unauthorized food items in exchange for WIC food instruments, including charging for supplemental food provided in excess of those listed on the food instrument. Length of Disqualification - 1 year.
- 23.6 Class “C” Violations #10 through #21 (following) constitute grounds for the following sanctions:
 - 23.6.2 For the first occurrence of a Class “C” Violation, Vendor will be given a written notice of violation, receive a fifty-dollar (50) fine, and must establish a corrective action plan. Failure to comply with the established corrective action plan will require Vendor to attend a mandatory training.
 - 23.6.3 For the second occurrence of a Class “C” Violation within one (1) year of the first violation, Vendor will receive a one hundred-dollar (100) fine and must establish a corrective action plan that includes vendor attendance at a mandatory training.
 - 23.6.4 For a third occurrence of a Class “C” Violation within one (1) year of the first violation, Vendor will be disqualified for six (6) months or a CMP will be imposed. A Class “C” Violation sanction will not be added to a mandatory sanction within the same investigation. A Class “C” sanction may be imposed by the WIC Program if a mandatory sanction from the same investigation is not upheld on appeal. Class “C” Violations do not count toward the provisions of mandatory violations for Class “A” or “B”.

Class C Violations #10 through #21:

- #10 Seeking restitution from WIC customers for food instruments not paid in part or in full, or seeking restitution from WIC customers for claims imposed or refunds demanded by the Department.
- #11 Discriminating against WIC customers due to their race, color, national origin, disability, gender, age, (federal). Discriminating against WIC customers due to their political affiliation or religion (state).
- #12 Denying the purchase of the full amount of WIC food authorized on the food instrument.
- #13 Requiring cash to be paid in whole or part to transact a WIC food instrument.
- #14 Failing to provide for review when requested any of the following: WIC food instruments, WIC transaction receipts, purchase orders, invoices, or shelf price records, and/or failing to allow full inspection of all store areas.
- #15 Failing to comply with current Missouri Food Code Sanitation requirements.
- #16 Failing to ensure all WIC approved food packaging is in good condition and protects the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.
- #17 Providing WIC approved food during a WIC food instrument transaction that is beyond the expiration or last sale date imprinted on the product packaging by the product's manufacturer or packager, when it would present a clear health concern.
- #18 Failing to allow monitoring and/or to accept training on Program procedures as provided or required by the Department or its designees.
- #19 Failing to maintain adequate inventory records and receipts to verify billings made for all WIC food items purchased any time during the current Contract period.
- #20 Accepting or requiring signature before the actual amount of sale and the date of sale are entered on the WIC food instrument by Vendor.
- #21 Giving change to the WIC customer during a WIC food instrument transaction.

- 23.7 Class “D” Violations #22 through #32 (following) constitute grounds for the following sanctions:
 - 23.7.2 For the first occurrence of Class “D” Violations, during the course of a single investigation, Vendor will be given a written notice of violation, receive a fifty-dollar (50) fine and must establish a corrective action plan. Failure to comply with the established corrective action plan will result in Vendor attendance at a mandatory training.



23.7.3 For the second occurrence of Class “D” Violations, during the course of a single investigation within one (1) year of the first violation, Vendor shall receive a one hundred-dollar (100) fine and must establish a corrective action plan which will include Vendor attendance at a mandatory training.

23.7.4 When three (3) Class “D” Violations occur within a one (1) year period of the first violation, Vendor will be disqualified for three (3) months or a CMP will be imposed.

Violations #22 through #32:

- #22 Failing to train all employees who handle WIC transactions and ensuring their knowledge regarding WIC Program procedures set forth in training materials and manuals provided by the Department.
- #23 Charging sales tax on WIC food items.
- #24 Requiring WIC customers to sign a tax-exempt form or additional signature requirements in any manner other than the food instrument signature.
- #25 Excessive use (twice in any 30 day period) of the Partial Infant Formula Redemption Form for standard formulas.
- #26 Failing to maintain the minimum stock of WIC approved foods. (See 10.1.)
- #27 Failing to submit information requested by the Department within the time specified, including, but not limited to, food price lists, food stocking information, and corrective action plans.
- #28 Discourteous treatment of a WIC customer.
- #29 Prohibiting WIC customers the use of discount coupons or promotion specials to reduce the WIC food instrument amount.
- #30 Limiting WIC customers in their choices of WIC approved foods, e.g., only allowing non-nationally advertised brands when name brand cereals are stocked.
- #31 Failing to verify the participant signature at the time of the transaction.
- #32 Failing to enter the purchase price on the WIC food instrument at the time of the transaction.

23.8 The Department will deny payment and return to Vendor’s bank the following food instruments with errors (#33 to #41):

- #33 WIC food instruments with missing signature.
- #34 Altered WIC food instruments.
- #35 WIC food instruments accepted before the “FIRST DATE TO USE.”
- #36 WIC food instruments accepted after the “LAST DATE TO USE.”
- #37 WIC food instruments submitted for payment more than 60 days after the “FIRST DATE TO USE.”
- #38 WIC food instruments redeemed for more than the “MAXIMUM PURCHASE PRICE - DO NOT EXCEED.”
- #39 WIC food instruments without a date redeemed.
- #40 WIC food instruments without a WIC Vendor stamp, with an illegible WIC Vendor stamp, or with an invalid Vendor stamp.
- #41 WIC food instruments with a Department “approved-redeposit” stamp submitted for payment more than 120 days after the “FIRST DATE TO USE.”

23.9 The Department has the right to modify payment or to assess a claim for WIC food instruments transacted for unauthorized foods, other items, or with sales tax charged.

23.10 The Department will assess Vendor a fine of fifty (50) dollars for any month in which returned food instruments exceed twenty-five (25) and a fine of fifty (50) dollars for each error #33 through #41 found during a covert investigation.

24. Multiple Violations -- For multiple violations found during a single investigation the Department shall disqualify Vendor based on the most serious violation. However, all violations will be included in the notice of action. If a mandatory sanction (Violations “A” or “B”) is not upheld in an administrative hearing, the Department will impose a sanction for the next most serious violation listed in the notice of action.

25. Appeal and Fair Hearing -- Vendor has the right to appeal particular adverse actions imposed by the



Department. Appeals for adverse actions may be considered as follows:

- 25.1 Denials;
 - 25.2 Terminations;
 - 25.3 Disqualifications;
 - 25.4 Fines; or
 - 25.5 Civil Money Penalties (CMP).
26. Vendor has the right of appeal when Vendor is disqualified during the Contract period, or when any other adverse action which affects Vendor’s participation in the WIC Program is taken by the Department, with the following exceptions.
- 26.1 The expiration of this Contract and the Department’s determination regarding participant access shall not be subject to administrative review.
 - 26.2 Disqualification of Vendor because of disqualification from the Food Stamp Program shall not be subject to administrative or judicial review under the WIC Program.
27. Appeals are subject to review by the Department. Procedures for the review and appeal process are available in the 2003 WIC Operations Manual—Vendors. Vendor appeal requests must be in writing to the Department upon notification of adverse action(s).
28. Since this Contract is federally funded the Vendor shall abide by the provisions of Appendix B 45 CFR Part 76, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction which is incorporated herein as if fully set out.

FY 2005 MISSOURI WIC STATE PLAN

FOOD DELIVERY

WIC OPERATIONS MANUAL – VENDORS



**Missouri Department of Health
and Senior Services**

Division of Community Health

WIC VENDOR MANUAL

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SECTION I: INTRODUCTION TO WIC

Inception	<p>The Supplemental Nutrition Program for Women, Infants and Children (WIC) was established by Congress in 1972. WIC was designed to help prevent the occurrence of health problems and to improve the health status of women, infants, and children during critical times of growth and development, with no cost to eligible participants.</p>
Administration	<p>WIC is administered federally by the United States Department of Agriculture (USDA). In Missouri, the Department of Health and Senior Services (hereinafter referred to as the Department or as DHSS) receives a grant from the USDA to administer the Program. Within the Department, the Division of Community Health (DCH), Section for Maternal, Child and Family Health (MCFH), WIC and Nutrition Services Unit (WICNS) is responsible for Program management and operation. The Department contracts with community-based organizations and retail grocery vendors to implement the WIC Program at the local level. Currently, 118 local providers operate WIC clinics in every county in Missouri. Across the state of Missouri, WIC clinics, contracted grocers and pharmacies serve the nutritional health needs of over 130,000 WIC participants per month.</p>
Participant Eligibility	<p>Eligibility for Program benefits is determined every six months or at the end of pregnancy and is based on category, income and medical/nutritional status.</p> <p>All three eligibility criteria must be met in order to be certified as a participant for the Missouri WIC Program.</p> <ul style="list-style-type: none">• Categorical eligibility: Potential WIC participants include infants, children until their fifth (5) birthday, pregnant women, women who are nursing their infants, and women up to six (6) months after the end of pregnancy (postpartum).• Medical/nutritional health status: Potential WIC participants must have the following assessed by a qualified health professional: health history, anthropometric data (i.e., height, weight, and head circumference), blood iron screening (hemoglobin or hematocrit) and adequacy of diet. Based on this assessment, if the applicant has a medical or nutritional risk such as low hemoglobin, abnormal growth, poor dietary intake, high-risk pregnancy or other conditions that affect or are affected by the adequacy of dietary intake, he/she may be certified for participation in the Missouri WIC Program.• Income eligibility: Potential WIC participants may have a household income up to 185% of the federal poverty level. However, participation in other health, social service or MC+ programs may allow for WIC participation at even higher income levels.

Benefits

The Missouri WIC Program provides all eligible women, infants and children with nutrition education, health care screening and referrals in addition to supplemental food.

- Nutrition education is what makes WIC unique among other “food” programs. WIC participants receive nutrition education through one-on-one counseling, small group discussion and group classes. The nutrition education provided to participants emphasizes the importance of proper nutrition in good health and assists each participant in changing dietary habits in an effort to improve overall nutrition and health status. The nutrition education topics relate to the participant’s health risk and area(s) of dietary deficiency or concern.
- WIC provides access to health care for families that might otherwise have little or no contact with health care services. When more comprehensive care is needed, participants are referred to other health agencies or programs for assistance.
- WIC foods are prescribed for eligible participants as a supplement to help meet the special nutritional needs of a very specific population. WIC foods are prescribed to provide specific nutrients including iron, protein, calcium, folate, zinc, and vitamins A, B6, C and D. These nutrients are critical to growth and development and have been shown to be inadequate in the diets of lower income women, infants and children.
- Once the WIC health professional has prescribed the appropriate nutritious foods, food instruments are issued to the participant. Each food instrument is an individualized food prescription, listing specific foods and quantities, based on the participant’s category and nutritional need.

The Vendor’s Role

Contracted full service grocery stores, pharmacies and special purchase stores (herein referred to as Vendors) are an integral part of the success of Missouri’s WIC Program in improving the nutrition and health status of women, infants and children. The Vendor’s role in the Program is to provide participants with only those foods issued on the food instrument, in the specified quantity, brand, size and type. This serves to provide participants with the specific nutrients they need and to reinforce the nutrition education received. Following WIC’s policies and procedures, as outlined in the *WIC Vendor Authorization Contract* and *WIC Operations Manual - Vendors*, WIC participants will receive the nutritious foods prescribed and vendors will receive payment for the items redeemed.

Vendor Benefits

The Missouri WIC Program is a major purchaser in the retail grocery system in Missouri. In federal fiscal year 2003, Missouri WIC food instruments valued at almost \$80,000,000 were used to purchase nutritious food. In addition, when a food instrument is redeemed, a WIC customer may spend additional money with the Vendor for other non-WIC purchases. Participation in the Missouri WIC Program also shows a Vendor's commitment to the nutritional health of the residents in the community in which it operates.

SECTION II: VENDOR AUTHORIZATION

Overview All full service grocery stores, pharmacies and special purchase stores interested in becoming a contracted WIC Vendor must complete an application. The selection criteria utilized by the Department is designed to ensure that Vendor participation in the Missouri WIC Program will adequately fulfill the needs of participants within a given service area.

WIC Vendor Application

Enrollment Generally, Missouri *WIC Vendor Authorization Contracts* are given for a period of three (3) years. The Department accepts applications throughout the contract period. Contracts may be issued during the current contract period and all contracts will expire on the same date. However, the Department reserves the right not to accept any new applications during the last 120 days of the current contract period.

Renewals The Department will notify all contracted Vendors in good standing, prior to the expiration of the current contract period, and mail each an authorization application. Authorization applications must be returned to the Department in the specified time period. The applicant store is responsible for returning the application in such a manner that the Vendor obtains evidence of receipt by the Department.

Incomplete Applications Incomplete applications will be returned one time only to the applicant for completion. Incomplete applications returned to the applicant must be completed and re-submitted to the Department within thirty (30) days from the postmarked date of the returned application. Applicants who fail to return a completed application will not be considered for contract authorization.

Complete Applications All completed applications received by the department will be reviewed. The Department will notify applicants within sixty (60) days from receipt of the completed application, whether or not the application was approved.

Authorization Process

- Authorization Process** Each retail store applying for WIC authorization must complete a six (6)-phase process.
- Phase One:** Vendor applicants must complete and submit all the required application forms to the State WIC office. All information **MUST** be complete. Refer to page 10 of application packet for required documentation.
- Please assure required signatures are obtained on all forms and send the completed application to the State WIC office using the address on page 10 of the application packet.
- Phase Two:** The application will be reviewed for completeness. Applicants with incomplete applications will be notified by letter regarding what is missing from the application.
- The State WIC office has **60 days from receipt of the completed application** (and supporting documentation) to review and determine if the store qualifies for the program.
- Phase Three:** If all required information meets the selection criteria and the application is approved, an on-site pre-contract store inspection will be scheduled. The on-site inspection verifies whether or not the store meets all the selection criteria.
- Phase Four:** The contract will be sent for Vendor signature. The contract must be signed and returned for further processing. When the contract with the signature is received it will be processed for Department signatures. **This period may take up to four (4) to six (6) weeks.**
- Phase Five:** Storeowners, managers, and/or store staff will be required to attend a new Vendor training session held in Jefferson City, Missouri. Failure to attend this training will delay the start of the contract. **NOTE: Phases four and five may occur simultaneously.**
- All owners, operators and managers of full service retail grocery stores and pharmacies must understand how the Missouri WIC Program operates. Compliance with all policies, procedures, and regulations of the Missouri WIC Program is the responsibility of each contracted Vendor.
- Phase Six:** The contract will be in effect when all signatures have been obtained, training has been received, the store has received the Vendor identification stamps, and the store is notified of the date it may begin to accept WIC checks.

Selection Criteria

General Criteria

The Department has established criteria for the selection of Vendor applicants to whom contracts authorizing the transaction and redemption of WIC food instruments will be awarded. Every contracted Vendor must comply with all Vendor selection criteria throughout the contract period. The Department may reassess a Vendor at any time during the contract period. The Department will terminate the contract if the Vendor fails to comply with the current Vendor selection criteria. The Department reserves the right to make exceptions to the vendor selection criteria to address inadequate participant access.

Defining Who is a Vendor Applicant

Vendor applicants must be either a full service grocery store, pharmacy or a special purchase store. Grocery stores must stock, at a minimum, all of the following food groups: fresh produce, fresh and frozen meats and poultry (luncheon meats and deli meats do not qualify), canned and frozen vegetables, dairy products, cereals and breadstuffs, and formula, in order to qualify. Pharmacies shall provide only special formulas, infant juice, and infant cereal. Special Purchase Stores shall be used only to provide milk in the Missouri WIC Program.

Business Integrity

The Department will consider business integrity when determining eligibility for selection as a Vendor. Activities indicating a lack of business integrity include, **but are not limited to**, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice. **The Department shall determine which instances apply.**

The Vendor must have and maintain a positive compliance history with any and all USDA Food and Nutrition Services (FNS) programs, if currently or formerly a Vendor for those programs.

The Department will not contract with any Vendor/applicant that has been currently disqualified from an FNS program during the last six (6) years or if any of the Vendor applicant's current owners, officers, or managers have civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity.

The Vendor applicant must be free of any conflict of interest, as defined by applicable State laws, regulations and policies, between the store and the Department or its contracted providers. Conflict of interest includes any activities which would tend to influence a decision, create a bias or prejudice which would favor one side or the other in conflict with a Department or contracted local WIC providers employee's duties, or which conflict with the accomplishment of the Department's mission or goals. Examples are as follows:

- Solicitation or other influence for personal reasons or benefits.

- Personal relationships, either of an intimate or financial nature.
- Ownership or significant financial interest in a private business, including family member(s) within the fourth degree.
- Membership in or serve as a board member of any association or corporation participating in a program regulated or operated by the Department, such as a member of a county board of health.

Business Stability

The Vendor must be an established business, open to the public for at least one year in the current location or must own and operate at least one other Missouri WIC Vendor in good standing at another location. The Department can waive this condition for a current vendor in good standing that is adding an additional location.

The Vendor applicant must be registered with the Missouri Secretary of State if doing business in other than his or her own name. If registered as a foreign corporation, the owners(s) will identify the state of origin for the corporation.

Pricing

The pricing peer group shall be used for purposes of determining whether a vendor applicant meets the pricing requirements of the program and whether current retail vendors are exceeding the state price for the peer group they are in. The retail prices for WIC approved foods must not be greater than the Department's allowable variance from the statewide average prices. Prices of all WIC approved foods are to be posted.

Current retail vendors will be placed in the peer groups indicated below. Each retail vendor will, on a quarterly basis, have their prices reviewed using the food package prices established for each peer group. The four types of food packages are for a pregnant or breastfeeding woman, a child and an infant using one package each for concentrated and powdered formula. Food package average prices will be calculated based on the prices submitted by the retail vendors on the Quarterly Food Price and Stocking Survey.

Any retail vendor with food package prices that are more than 10% over the average price for the peer group food packages will be placed on the high-risk vendor list. Immediate action will be taken in the form of an on-site monitoring to confirm food prices and to check for any additional areas of non-compliance. The examples of the peer group food packages are listed in the table below.

For vendor applicants, each applicant's food prices will be used in the pricing peer group process. The vendor applicant will be reviewed by using the projected total food sales listed on the WIC-11 vendor application to determine which peer group they store will fall into. If the vendor applicant's store prices are more than 10% over the average price for the peer group or the State's maximum food price limit for the identified food packages, the application will not be approved. The

applicant will be informed that they have failed to meet the program's selection criteria. The vendor applicant may then adjust their pricing and reapply after 180 days.

If the vendor is awarded a WIC Authorization Contract, after six months, the retail vendor would have its peer grouping status re-evaluated. Using an extrapolation of the monthly average of the retail vendor's WIC sales WICNS will determine whether the vendor's current peer grouping needed to be changed.

Pricing Peer Groups

- **Class I:** Stores with annual WIC sales of \$72,000 or below.
- **Class II:** Stores with annual WIC sales of \$72,001 - \$2,000,000.
- **Class III:** Stores owned by major chains, e.g., Dierbergs, Dillions/Gerbes, Hy-Vee, Kroger, Shop-N-Save, Schnucks and Town & Country.
- **Class IV:** Stores that are discount groceries and hypermarkets, e.g., Price Chopper, Price Cutter/Ramey and Wal-Mart.

Business Hours

The Vendor must be open during normal retail business hours and must be open a minimum of six (6) days per week between 9:00 a.m. and 6:00 p.m. daily. Store hours must be posted.

Minimum Stock

The store's inventory must meet the minimum stock defined in the *WIC Vendor Authorization Contract*. The store must have adequate inventory to supply WIC customers with enough approved foods to fully transact all WIC food instruments presented. This includes before, during, and after heavy volume of WIC redemption activity.

Pharmacies and grocery stores contracted to supply medically prescribed formula do not have stocking requirements for such formulas, but must provide all such formulas within 72 hours of presentation of a WIC food instrument by a participant or advance notification of need by a local WIC provider or by the state agency.

Sanitation

The Vendor must have and maintain a positive sanitation history as evaluated using the Department's current food establishment regulations (Missouri Food Code). A negative sanitation history includes but is not limited to:

- Temporary closings due to unsanitary conditions.
- Documented non-compliance in correcting unsanitary conditions.
- Current or unmet work orders for corrective action.
- On the most current sanitation inspection, non-compliance with the current food establishment regulations in five (5) or more critical control points.

- During the WIC pre-contract on-site store inspection the following specific items are checked:
 - a. No evidence of excess unremoved rubbish.
 - b. Floors clean, swept and free from dirt, grime, filth, and/or excess rubbish.
 - c. Floors in good repair (no holes in floor).
 - d. No evidence of insects and/or rodents within the store premises.
 - e. Garbage or refuse within the store premises is stored (covered) so that it is inaccessible to insects and/or rodents.
 - f. No evidence of thawing and then refreezing of foods (cans of frozen juice frozen together, cans of frozen juice are sticky, frozen packages of meat frozen together).
 - g. Foods properly stored and/or refrigerated (frozen foods are frozen and not soft, no evidence of frost build-up on the freezer case or on the frozen food items).
 - h. Freezer and cooler temperatures meet minimum requirements.
 - i. No evidence of food spoilage.
 - j. No evidence of outdated milk, eggs, cheese, or infant formula.
 - k. No other clearly identified lack of cleanliness or safety.

**Percentage
of Food Sales**

The Vendor must be operating a full service grocery store at the applicant/contracted location, which has gross food sales of at least 75% of total gross grocery receipts, excluding alcohol and tobacco. If either alcohol or tobacco product sales individually or in aggregate comprise 25% or more of food sales, a contract will not be offered. Pharmacies and special purchase stores are exempted from this requirement due to their WIC approved item limitations.

Exceptions

The Department reserves the right to make exceptions to (waive) the Vendor selection criteria to address inadequate participant access. However, pricing and stocking requirements are not waivable, per federal regulations.

Application Denial/Approval

Application Denial

The Department will notify applicants within sixty (60) days from receipt of the **completed** application, when denied. Applicants who are denied a contract cannot reapply for one hundred eighty (180) calendar days from the date of denial.

Application Approval

The Department will notify applicants within sixty (60) days from receipt of **completed** application, when approved.

- For all new applicants who have been approved, the Department must then conduct an on-site visit to verify the information provided in the application is accurate. NO contract will be awarded prior to the visit. The Department does not guarantee a contract will be offered after the on-site visit.
- The contract will be sent for Vendor applicant signature. The contract must be signed and returned for further processing. When the contract with the signature is received it will be processed for the necessary Department signatures. During this period, which may take up to four (4) to six (6) weeks, storeowners, managers, and/or store staff will be required to attend a new Vendor training session held in Jefferson City, Missouri. Failure to attend this training will void the contract process and will require a wait of 180 days before resubmitting a new WIC application.
- The contract will be in effect when all signatures have been obtained, training has been received, the store has received the Vendor identification stamps, and the store is notified of the date it may begin to accept WIC checks.
- All owners, operators and managers of retail grocery stores, pharmacies and special purchase stores who are making application to the program must understand how the Missouri WIC Program operates. Compliance with all policies, procedures, and regulations of the Missouri WIC Program is the responsibility of each contracted Vendor.

WIC Vendor Authorization Contract

Overview

The *WIC Vendor Authorization Contract* is between a named contractor (Vendor) and the State of Missouri, Department of Health and Senior Services (DHSS). The contract authorizes a Vendor's participation in the Missouri WIC Program under State and Federal regulations (USDA Regulations 7 CFR Part 246.12). This Contract also serves to meet objectives of the Department's Integrated Strategic Plan (see copy of contract in Appendix A). This Contract contributes to the achievement of the following Missouri "Priority Results": Increased percentage of births resulting in healthy birth-weight babies, decreased impact of chronic diseases; and increased percentage of children prepared for kindergarten.

Contract Period Generally, contracts are given for a three-year period beginning October 1st (the start of the Federal Fiscal Year). Unless otherwise notified by the Department, all contracts expire at midnight on September 30th. New Vendors that join the Program between these dates will be given a contract for the remainder of the current contract period.

No vendor shall accept WIC food instruments for redemption prior to the date specified on the *WIC Vendor Authorization Contract*, or after the expiration date of the *WIC Vendor Authorization Contract*.

Contract Category There are six contract categories based on the types of foods for which a Vendor is authorized to redeem food instruments. The Department will determine the category of contract offered to a Vendor.

Category	Description
6.1	All WIC approved foods, standard WIC contract formulas and all special formulas. (Full service grocery stores with pharmacies.)
6.2	All WIC approved foods, standard WIC contract formulas and the option of providing additional special formulas available through the Vendor's grocery wholesaler. (Full service grocery stores without pharmacies.)
6.3	Special formula only. This type of contract is reserved for Pharmacies Only. Note: Standard WIC contract formulas are not allowed for redemption with this type of contract.
6.4	Special formula, infant juice and infant cereal only. This type of contract is reserved for Pharmacies Only. Note: Standard WIC contract formulas are not allowed for redemption with this type of contract.
6.5	Milk only.
6.6	A group of stores of varying size which are owned by a single entity (e.g., sole-proprietorship, partnership, Sub-chapter "S" corporation, publicly traded corporation, etc.). Note: Each store location is evaluated individually against the selection criteria and assigned category 6.1 through 6.5, as listed above.

Store Ownership The *WIC Vendor Authorization Contract* specifies the name of the store.
Any change of store ownership makes the contract null and void.

Change of Ownership A Vendor must give sixty (60) days advance notice to the Department of ownership changes. This will allow WICNS adequate time to process the contract application for the new owner. A new vendor number will be required.

Note: Vendors may not use the income generated from WIC food instrument redemption or WIC customers as a guarantee or incentive for prospective buyers/owners.

Store Location	<p>The <i>WIC Vendor Authorization Contract</i> specifies the location of the store. All Missouri contracted stores must be stationary buildings, fixed in one location at all times. Any change of the location of a store makes the contract null and void.</p>
Change of Location	<p>A Vendor must give sixty (60) days advance notice to the Department if the location of a store changes. This will allow WICNS adequate time to process the contract application for the new location.</p>
Chain Store	<p>Chain stores are not automatically entitled to have all locations approved. Each location must be evaluated against all selection criteria as if it were a single, independent entity and will be individually listed on the contract attachment for the corporation contract.</p> <p>By signing the <i>WIC Vendor Authorization Contract</i>, a Vendor with stores in multiple locations has accepted responsibility for Program operations of all participating locations, which are listed on a Contract Attachment #1. Notwithstanding, all stores will be assessed, categorized and treated individually and not as one unit. Additions or deletions of individual store locations may be requested by vendors, shall be subject to the same review procedures as single location applicants, and shall be effective upon a signed Contract amendment by of the Department. The Department will determine termination or disqualification of individual stores, with a fifteen (15) day written notice, unless required to be immediate by the Regulations.</p>
Expectations	<p>Before signing the <i>WIC Vendor Authorization Contract</i>, the owner, operator, manager, or other person(s) authorized to sign the contract should carefully read the entire contract.</p> <p>It is extremely important that Vendors review the entire contract and understand all expectations set forth by the Department before signing.</p> <p>The Vendor must comply with the provisions of the Contract and must remain in compliance with all federal and state laws, statutes, policies, procedures, manuals, and regulations of the WIC Program, including any changes made during the Contract period. Failure to do so will result in Contract termination. This Contract is not a license or property interest.</p>
Termination	<p>A <i>WIC Vendor Authorization Contract</i> may be terminated by either party, for cause, by giving at least thirty (30) days advance notice to the other.</p>
Ceasing Operations	<p>A Vendor must give sixty (60) days advance notice to the Department when ceasing operations.</p>
Renewal	<p>If the Vendor wishes to continue to be authorized beyond the period of the current Contract, or if terminated or disqualified, the Vendor must reapply for authorization. Neither the Department nor the Vendor is under any obligation to</p>

renew a *WIC Vendor Authorization Contract*. Expiration of the contract is not subject to appeal.

Vendor's Rights

The Vendor has the right of appeal when an application to participate is denied, when during the course of the contract a Vendor is terminated or disqualified, or when another adverse action, which affects the Vendor's participation in the WIC Program, is taken by the Department, with the following exceptions:

- The expiration of a contract and the Department's determination regarding participant access shall not be subject to administrative review.
- Disqualification of a Vendor as a result of disqualification from the Food Stamp Program shall not be subject to administrative or judicial review.

Appeals Process

Appeals Process

The State agency will use a uniform appeal process to evaluate and respond to all appeal requests from contracted Vendors or applicants.

The Vendor or applicant has the right to appeal the following adverse actions:

1. Denial of authorization.
2. Termination for cause.
3. Disqualification.
4. Fines.
5. Imposition of a Civil Money Penalty (CMP) in lieu of disqualification.

Vendor Request Hearing

The Vendor or applicant must provide the State agency with a written request for a hearing within 15 days of the receipt of the notice of denial or adverse action. The written request shall describe the action being appealed.

The State agency will provide full administrative reviews for all denials of vendor applications and for imposed adverse actions. A Vendor or applicant must fully comply with all appeal processes or forfeit appeal rights.

The Vendor may submit a written request for an abbreviated administrative review when the State agency has terminated the vendor contract because of a change in vendor ownership. The request must be received by the State agency within 15 days of the receipt of notice by the Vendor.

Vendor May Not Appeal

The Vendor or applicant does not have the right to appeal the following actions:

1. Expiration of the vendor agreement.
2. Disqualification of a Vendor as a result of disqualification from the Food Stamp Program.
3. Validity of the State agency's participant access criteria and determinations.

4. The State agency's determination of whether or not a Vendor had an effective policy to prevent trafficking.
5. The State agency's determination whether or not the ownership was not aware of, did not approve of, and was not involved in the violation.
6. Denial of authorization based on state procurement procedures.
7. Disputes regarding food instrument payments and vendor claims.

Written Notice

The State agency shall provide a Vendor with written notification of an adverse action at least 15 days prior to the effective date of the action. The written notice will include:

1. The cause or causes for the action.
2. The effective date of the action.
3. The right to appeal the adverse action.

When the State agency sends a notice of an adverse action as a result of a conviction for trafficking in food instruments, including selling firearms, ammunition, explosives, or controlled substances in exchange for food instruments, the effective date of the adverse action is the date the notice is received by the Vendor.

The State agency may postpone, at its discretion, the effective date of an adverse action until the decision of a hearing is rendered. Appealing an adverse action does not relieve a Vendor permitted to continue participating in the program while an appeal is pending from the obligation of continued compliance with the terms of all written agreements or contracts with the State agency.

Appeal Information

The State agency will provide the Vendor the following information pertinent to the appeal:

1. No less than ten (10) days advance notice of the time and place for the hearing.
2. The opportunity to reschedule the hearing one time.
3. The opportunity to review all written case records prior to the hearing which relate to the denial of authorization or adverse action, within the limits of 7 CFR 246.26(e).
4. The opportunity to be represented by counsel if desired.
5. The opportunity to call witnesses.
6. The opportunity to confront and cross-examine adverse witnesses. When it is necessary to protect the identity of State agency staff or contractors, such examination shall be conducted behind a protective screen or other device.

The State agency will provide an impartial decision-maker who will preside over an administrative hearing and submit a written decision to the State agency. The decision will be based solely on whether the State agency has correctly applied federal and state statutes, regulations, rules, policies, and procedures governing the WIC program according to the evidence presented at the hearing.

**Abbreviated
Review**

For abbreviated administrative review, a decision-maker will render a written decision based solely on whether the State agency has correctly applied federal and state statutes, regulations, rules, policies, and procedures governing the program according to the evidence presented at the hearing. The decision-maker will be someone other than the person who rendered the initial decision on the action.

Final Decision

The State agency will provide the Vendor or applicant with a written notification of the final decision within 90 days from the date of receipt of the Vendor's or applicant's request for a hearing. The timeframe is only an administrative requirement for the State agency and does not provide a basis for overturning the State agency's adverse action if a decision is not made within the specified timeframe.

The State agency is not responsible for losses incurred by the Vendor as a result of disqualification and/or denial of an application to participate

If the administrative hearing results in a final decision adverse to the Vendor, the appellant may seek judicial review of the decision to the extent authorized by law.

Food Price List and Stocking Survey

Policy

By signing the *WIC Vendor Authorization Contract*, the Vendor agrees to submit to the Department, on the appropriate form, current shelf prices and quantities for WIC approved foods quarterly or as requested.

The Vendor is responsible for completing the *Food Price List and Stocking Survey* in its entirety and returning it to the Department or its designee within the timeframes given.

Use

The information obtained from *Food Price List and Stocking Survey* is used to calculate statewide average prices, which in turn are used:

1. To determine each store's package prices. Vendors that are found to be above the allowed variance from the statewide average package prices are notified of the results. Vendors whose package prices are more than the allowed variance of the statewide average package prices during two quarters of the past twelve (12) months are subject to contract termination.
2. To set food instrument price limits.
3. To compare to Vendor's charges/billings on food instruments.
4. To determine appropriate billings during Department food instrument review.
5. To project Program food expenditures for budgeting purposes.

The information is also used:

1. To determine whether each Vendor is meeting minimum quantity and variety.
2. To determine availability of a nutritionally qualified food being considered for Missouri WIC approval. This is why Vendors may notice that not all of the foods on the Food Price List and Stocking Survey are currently WIC approved. The Vendor must not use the Food Price List and Stocking Survey as a WIC approved food list.

Inadequate Participant Access

Overview

At the Department's discretion, a Vendor may be authorized outside of the normal authorization process when a situation of *inadequate participant access* arises. Participant access determinations shall be made by, and are solely at the discretion of, the Department.

If the Department determines that WIC Program disqualification of Vendor due to Food Stamp Program (FSP) disqualification would result in inadequate WIC Program participant access to WIC foods, the Department will assess a Civil Money Penalty (CMP) in lieu of disqualification. A CMP will not be issued in lieu of disqualification for a third or subsequent sanction. This disqualification is not subject to administrative or judicial review under the WIC Program.

Situations causing *inadequate participant access* may be the result of, but are not limited to:

- The disqualification of a contracted Vendor.
- Change of ownership or location of a contracted Vendor.
- Disaster or other cause for the loss of, or access to, a contracted Vendor.

In urban areas, where public transportation is available, participant access will be considered inadequate if any of the following conditions apply:

- A Vendor density of less than one per 500 participants.
- Participants must travel more than an average of one mile to a Vendor.
- Other conditions exist which makes a Vendor within a mile difficult for participants to access.

In rural areas (non-class 1 counties), participant access will be considered inadequate if any of the following conditions apply:

- There are less than two Vendors in the county.
- Participants must travel more than an average of ten (10) miles to a Vendor.
- Other conditions exist which makes a Vendor within ten miles difficult for participants to access.

The Department may declare a situation of inadequate participant access to:

- Accommodate special populations (e.g., migrant workers and their families).
- Respond to disasters.
- In response to sudden or unexpected population changes to meet the public health mission of the Department and the Program.

Program Abuse

Prosecution/Fines A Vendor committing fraud or abuse of the WIC Program is liable to prosecution under applicable federal, state or local laws. A Vendor which has willfully misapplied, stolen, or fraudulently obtained WIC Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both [7 CFR 246.12(h)(3)(x)].

Disqualification The Regulations provide for mandatory sanctions up to and including disqualification. Disqualification from the WIC Program may result in disqualification from the Food Stamp Program (FSP). Such disqualification may not be subject to administrative or judicial review under the FSP.

The Department shall disqualify a Vendor for Program abuse. The Department will give Vendor fifteen (15) days notice before imposing a sanction, except for certain mandatory sanctions, which are required by Regulations to take immediate effect upon receipt of notice by Vendor. Vendor has a right to appeal disqualification or other adverse action that affects Vendor participation in the WIC Program unless otherwise stated or restricted by the Regulations [7 CFR 246.18].

Claims

Non-payment of claims for improperly transacted food instruments or overcharges will result in Contract suspension, with fifteen (15) days notice, until the Department receives payment in full. The Department may, at its discretion, establish a repayment schedule for a Vendor. No repayment schedule will be offered if intent to defraud or lack of business integrity has been established.

The Department may disqualify Vendor if Vendor has an imposed FSP CMP in lieu of disqualification due to an FSP determination of FSP participant hardship. A WIC Program disqualification due to a FSP CMP shall correspond to the period for which Vendor would otherwise have been disqualified in the FSP.

Vendor Violations

Violations

Violations of WIC Program policies by Vendors are categorized as Class “A”, “B”, “C”, or “D” Violations. The WIC Program is not required to give Vendor prior warning that violations were occurring before imposing sanctions. Class “A” and “B” Violations are subject to mandatory federal sanctions as defined in 7 CFR 246.12 and shall constitute grounds for disqualification from the WIC Program for a minimum of one (1) year and up to permanent disqualification. The Department shall not accept voluntary withdrawal of Vendor from the WIC Program as an alternative to disqualification for Class “A” and Class “B” Violations. Disqualification shall be entered on the record. Non-renewal of this Contract shall not be used by the Department as an alternative to disqualification. (See copy of contract in Appendix A, 22.1 thru 22.7 and Violations 22 thru 32).

Multiple Violations

For multiple violations found during a single investigation the Department shall disqualify Vendor based on the most serious violation. However, all violations will be included in the notice of action. If a mandatory sanction (Violations “A” or “B”) is not upheld in an administrative hearing, the Department will impose a sanction for the next most serious violation listed in the notice of action. (See copy of contract in Appendix A for a listing of violations.)

Vendor Fines

The Department will assess the Vendor fines for the different classes of contract violations. These fines will be paid to the Department as part of the required corrective action. Failure to pay the fines levied may result in further sanctions and/or disqualification from the WIC program.

Class “B” Violation

For a single Class “B” Violation, #4 through #9, Vendor may be given a written notice of violation. When written notice is given, Vendor will receive a one hundred-dollar (100) fine, and must establish a corrective action plan.

Class “C” Violation

For the first occurrence of a Class “C” Violation, Vendor will be given a written notice of violation, receive a fifty-dollar (50) fine, and must establish a corrective action plan. Failure to comply with the established corrective action plan will require Vendor to attend a mandatory training.

For the second occurrence of a Class “C” Violation within one (1) year of the first violation, Vendor will receive a one hundred-dollar (100) fine and must establish a corrective action plan that includes Vendor attendance at a mandatory training.

**Class “D”
Violation**

For the first occurrence of Class “D” Violations, during the course of a single investigation, Vendor will be given a written notice of violation, receive a fifty-dollar (50) fine and must establish a corrective action plan. Failure to comply with the established corrective action plan will result in Vendor attendance at a mandatory training.

For the second occurrence of Class “D” Violations, during the course of a single investigation within one (1) year of the first violation, Vendor shall receive a one hundred-dollar (100) fine and must establish a corrective action plan which will include Vendor attendance at a mandatory training

Additional Fines

The Department will assess Vendor a fine of fifty dollars (50) for any month in which returned food instruments exceed twenty-five (25) and a fine of fifty dollars (50) for each error (#33 through #41 of the contract) found during a covert investigation.

**Civil Money
Penalty (CMP)**

The Department will assess Vendor a CMP in lieu of disqualification only if the disqualification would result in inadequate participant access as defined by the Department. Ten (10) percent of Vendor’s average monthly WIC redemptions multiplied by the number of months Vendor would have been disqualified will determine the CMP. Vendor’s monthly WIC redemption for the previous six (6) months will be used to determine the average monthly WIC redemption. For each violation that warrants permanent disqualification, the amount of the CMP shall be \$25,000. If during the course of a single investigation the Vendor commits multiple violations, the Department may impose a CMP for each violation. The total amount of CMP for violations found, as part of a single investigation shall not exceed \$50,000. Amounts are subject to if during the course of a single investigation Vendor commits multiple violations, the Department changes in future revisions to the Regulations.

**Failure to pay
a fine and/or
Civil Money
Penalty.**

If Vendor does not pay or partially pays a fine and/or CMP within the specified time frames, the Department will disqualify Vendor for the length of the disqualification corresponding to the class of violation for which the fine and/or CMP was assessed in lieu of disqualification.

End of Section II: Vendor Authorization

SECTION III: TRAINING/CHECKOUT PROCEDURES

Overview Vendors are essential to the success of the Missouri WIC Program in improving the nutrition and health status of women, infants and children. The Vendor's role in the Program is to provide WIC customers with only those foods issued on the food instrument (as specified) or on the WIC approved food list, in the specified quantity, brand, size and type. This serves to provide participants with the specific nutrients they need and reinforces the nutrition education they have received. A copy of the *WIC Procedures for Cashiers* is located in Appendix B. Vendors may make copies as needed.

Vendor Training

Annual Training Policy By signing the *WIC Vendor Authorization Contract*, Vendors agree to accept training and instruction annually on the WIC Program from the Department or its designee. At least one representative of the Vendor must participate in training annually. Training may include, but is not limited to: all initial evaluations for new *WIC Vendor Authorization Contracts*, required scheduled Vendor training, follow-up of compliance-buy purchases that do not result in disqualification, any noncompliance with the Vendor agreement; monitoring visits or audits, and educational buys.

New Vendor Training Every Vendor applicant must attend a new Vendor training session held in Jefferson City before a *WIC Vendor Authorization Contract* will be issued.

Mandatory Training Vendors are required to attend mandatory training if they have a first occurrence of a Class "B" violation or a second occurrence of a Class "C" or "D" Violation, or have failed to submit the required corrective action plan for a Class "C" or "D" Violation. All mandatory training sessions will be held at the Department's Jefferson City office. Vendors failing to attend the required session will receive further sanctions up disqualification from the program and /or a CMP.

Employee Training

Policy By signing the *WIC Vendor Authorization Contract*, Vendors agree to be accountable for all actions of employees involved in the WIC transaction, and the handling of WIC food instruments.

Specifically, it is the responsibility of the store manager to ensure all employees handling WIC transactions (stocking, food instrument redemption and bookkeeping) are properly trained on program requirements.

Documentation It is strongly recommended that Vendors keep documentation of training for each employee trained to handle WIC transactions. A copy of the *Vendor Training Documentation*, (WIC-22) form used by the Department to document training sessions is in Appendix C. This form may be copied and used by Vendors as documentation for each employee trained.

Management Information for Cashier Training Preparation

Food Instrument Food instruments in the form of checks are issued to participants for up to two (2) months at a time. They contain a prescription for those supplemental foods specifically intended for the participant. WIC customers may use their checks at any authorized WIC Vendor in Missouri.

There are two colors of checks, green on-line computer-printed checks and maroon off-line computer-printed checks. All Vendors shall accept both colors of checks as valid payment for the WIC transaction.

- On-line computer printed checks are generated by a centralized computer system and printed by the local WIC provider.
- Off-line computer printed checks are generally used in emergencies, when the communication line to the centralized computer system is not available. Information is printed by a secured local WIC provider computer on a different color check. The check is a different color to help the local WIC provider with check inventory control and accountability. The WIC Vendor must accept and process these checks in the same manner as the more commonly issued on-line (green) checks.

Instructions for Proper Completion of Food Instrument at the Store

1. **VENDOR STAMP** – This is where you will stamp your Vendor ID – clearly – *in black ink only*.
2. **SIGNATURE** – The participant/proxy signature must be obtained here (black or blue ink preferred).
3. **MUST NOT EXCEED** – This is the maximum amount that will be paid by the WIC Program.
4. **PAY EXACTLY** – Your cashier will fill in the purchase amount here (black or blue ink preferred). This amount will be edited against the “MUST NOT EXCEED” amount shown in the box above. An amount shown as redeemed at a higher amount will be rejected by the system.* There must be no alteration to this amount other than a single strikethrough and the correct amount written in above the wrong amount along with the cashier’s initials. *Refer to Section 4 of this manual for information on how to request reimbursement of a food instrument that exceeds the maximum amount.
5. **FIRST DATE TO USE** – The date that the check is redeemed must be on or after this date. There must be no alteration to this date.
6. **DATE USED** – As cashiers enter this date, (black or blue ink preferred) they must check to make sure it is on or after the “FIRST DATE TO USE” (above) and that it is before or on the “LAST DATE TO USE” (below).
7. **LAST DATE TO USE** – This is the last date that the participant is authorized to redeem this food instrument. You must deposit the check within twenty-five (25) days of this date or the check will be returned to you as “Stale Dated”. There must be no alteration to this date.
8. **LOCAL AGENCY-ISSUER** – The Local Agency/Issuer identification information must be present in these blocks.
9. **FOOD PRESCRIPTION** – There must be no obvious alteration to these items or quantities. Special milks and formulas will be hand written if the prescription is prefaced by the typed letters SF or SM. For example, Human Milk Fortifier would be SF (hand written item) .

**Participant
Identification
Folder**

The *WIC Participant Identification Folder* must be presented to the cashier when food instruments are presented. If the cashier does not see the folder, he/she should politely ask the WIC customer if they have it with them.

If the WIC customer **does not** have the folder with them, the transaction cannot be completed. Give the food instrument(s) back to the WIC customer and refer them to the local WIC provider.

NO PARTICIPANT IDENTIFICATION FOLDER = NO REDEMPTION.

The person presenting the food instruments for redemption must be authorized to do so. Signatures of those persons authorized to redeem food instruments will appear on the *WIC Participant Identification Folder*. Each folder may have up to three signatures on it. If the person presenting the food instruments for redemption has the *WIC Participant Identification Folder* but his/her signature is not on it, the transaction is over. Give the food instrument back to the WIC customer and refer them back to the local WIC provider.

**Two or More
Food Instruments**

When two or more food instruments are presented for redemption, each must be handled as a separate transaction, so that a separate receipt is generated for each.

**Filling the Food
Prescription**

By signing the *WIC Vendor Authorization Contract*, the Vendor agrees to provide only WIC approved foods issued on the food instrument in the specified quantities. The Vendor must allow the purchase of the full amount of WIC food issued on the food instrument. The Vendor must allow all approved foods on the food instrument and in quantities no more than those shown on the food instrument. If the customer purchases allowable food in the quantities allowed and the amount of the purchase still exceeds the maximum amount of the check, send this food instrument to the state WIC office with a Approval Request for Non-Paid WIC Check (WIC-77) form, the cash register receipt, and any written explanation needed (See Appendix F). If the state WIC office verifies the entire transaction was correct, the check will be approved for the total amount redeemed.

Each food item presented for redemption must be verified to ensure it is the correct food item. Failure to check each food item can result in a loss of income for the Vendor.

No substitutions or exchanges are allowed at any time for any food item prescribed on a food instrument. Do not issue rain checks, credit slips, due bills or any other similar type billing when a food issued on a food instrument is not available.

Note: If the store is completely out of a food item or does not have the entire quantity of a food item issued on the food instrument, the WIC customer may choose not to continue the transaction, otherwise the WIC customer forfeits the

specific food item entirely or forfeits the remaining quantity. The WIC customer must be given the choice.

EXCEPTION: Infant formula - If a food instrument is presented for infant formula and the Vendor does not have the entire quantity issued on the food instrument, a *Partial WIC Formula Redemption Form WIC 21* may be used (located in Appendix H). **This form is to be used only in an emergency, for formula ONLY, if the customer cannot travel to another store or return later.**

Partial WIC Formula Redemption Form This form is not a substitution, rain check, credit slip or due bill. Because infants are considered to be at a higher nutritional risk, the *Partial WIC Formula Redemption Form* was developed to provide necessary formula in a timely manner. This form allows the WIC customer to redeem the food instrument for the formula the Vendor has on hand, without forfeiting the remaining quantity. Excessive use of this form will be considered a contract violation. The vendor must never change the WIC food instrument for formula not purchased.

Supply The *Partial WIC Formula Redemption Form* is available from the Department. The Vendors may request a copy of this form by calling 800-392-8209 or faxing a copy of the *WIC Store Order Request*, WIC-5 located in Appendix H. Vendors may copy this form as needed.

Completing the Form All of the information needed to properly complete this form is found on the face of the food instrument or the register receipt.

Verifying the Food Instrument BEFORE scanning the foods or writing on the food instrument, be sure to verify that the food instrument is valid.

- a. Is today's date within the "FIRST DATE TO USE" and "LAST DATE TO USE"?
 - If not, the food instrument is not valid. Cashiers may ask the WIC customers if they have a food instrument that has the correct dates for use today. If not, the transaction is over. Give the food instrument back to the WIC customer and refer them to the local WIC provider.
- b. Was the food instrument fully completed by the WIC provider?
 - It is the local WIC provider's responsibility to properly complete the food instrument. Specifically the "AGENCY NUMBER", "CHECK NUMBER", "DO NOT EXCEED LIMIT", "PARTICIPANT NUMBER", "PARTICIPANT NAME", "PROG CODE", "FOOD PKG CODE", "FIRST DATE TO USE", "LAST DATE TO USE"; as well as, the "FOOD", "SIZE" and "ISSUED" block. All areas must be computer generated. The only exception to this is in the food prescription area of the check. Here there may be a hand written item in an area designated by either SF _____ or SM _____.

- If any of this information is incomplete, the transaction is over. Give the food instrument back to the WIC customer and refer them back to the local WIC provider.
- c. Is the food instrument free from alteration?
 - Look at the food instrument carefully to be sure it has not been altered in any way. Look for items such as whiteout, add-ons, written over items, etc.
 - If a food instrument appears to have been altered, the transaction is over. Circle those areas that appear to be altered, write “refused” and the store’s vendor number on it. Then give the food instrument back to the WIC customer and refer them back to the local WIC provider.
- d. Is each food being presented issued on the food instrument?
 - Cashiers may ask WIC customers to separate their WIC foods from all other items they are purchasing on their own. If a food is not issued on the food instrument, it must not be added to the WIC transaction.
- e. Is each food WIC approved, in the approved type, size, and brand?
 - It is strongly recommended that each cash register be equipped with the current *WIC Approved Food List* to assist in this process. Be sure to check each food, to ensure it is the specific brand, type and size approved for what is prescribed on the food instrument.
- f. Are the quantities less than or equal to what is issued on the food instrument?
 - WIC customers are not required to purchase all of the items issued on the food instrument, nor are they required to take the full quantity of what is issued. However, the quantity of food purchased must not exceed the amount prescribed on the food instrument.
 - Was the check over the maximum amount listed on the check. If so, are the food items rang up actually approved WIC food items, and are the size and quantity of the food items rang up the same as those listed on the food instrument? If not, edit the transaction before finalizing.

Scan the Foods

By signing the *WIC Vendor Authorization Contract*, the Vendor agrees to:

- a. Scan or ring all foods and all applicable sale prices
 - WIC customers must be charged the same price, or less, than is charged to non-WIC customers.
 - Offer WIC customers the same courtesies as offered to other customers, including but not limited to, in-store promotions.
- b. Deduct any coupons presented by the WIC customer
 - When presented, “cents off” discount coupons must be accepted. Simply deduct the value assigned as you would any coupon for non-WIC customers.

Note: If a Vendor’s registers are automatically programmed to add tax to a coupon, the Department will reimburse for the amount of tax on the coupon ONLY, however, the coupon must appear on the receipt.

- c. Total the sale without tax
 - Do not charge sales tax on any WIC transaction.
 - Do not have WIC customers sign a tax exemption letter or form for any WIC transaction. The Missouri WIC Program is not subject to Missouri Sales and Use Tax for any WIC transaction.
- d. No cash is to exchange hands
 - Do not transfer cash in the form of change to the WIC customer.
 - Do not charge the WIC customer cash or credit for the food items covered by the food instrument.
 - Do not charge the WIC customer for any amount over the “MAXIMUM PURCHASE PRICE MUST NOT EXCEED” limit.
 - Do not give the WIC customer any money back if the total is less than the “MAXIMUM PURCHASE PRICE MUST NOT EXCEED” limit.
 - Do not allow WIC customers to exchange any WIC foods for cash refund, merchandise or other food items. When there is a food safety issue or recall for a product other than formula, exchanges should be made whenever possible. When exchange is not possible, contact the Department for appropriate instructions. If you receive a recall notice on formula, contact the Department for appropriate instructions.

Completing the Food Instrument

Before the WIC customer signs the food instrument, the cashier must complete the “DATE” (date of the sale) and “PAY EXACTLY AMOUNT” (total on the receipt) fields.

Obtain the customer signature *after* the cashier enters the “DATE” and “PAY EXACTLY AMOUNT”. No pre-signed food instruments are to be accepted.

- a. Compare the WIC customer’s signature to the signatures on the *WIC Participant Identification Folder*. The name and the script must be the same as one of the signatures on the *WIC Participant Identification Folder*.
 - 1. After signing the first time, if the name is the same but the signature does not match, have the WIC customer sign the food instrument again. Recheck the signature with the *WIC Participant Identification Folder* again.
 - 2. After signing a second time, if the signatures still do not match, do not accept the food instrument. The transaction is over. Do not allow the WIC customer to leave with any of the food items. Give the food instrument back to the WIC customer and refer them back to the local WIC provider.
- b. The register receipt and food instrument should be placed in the register or cash drawer. Do not attach the receipt to the food instrument. Vendors are required to retain the register receipt for the current Contract period, for audit purposes. Do not give the receipt to the WIC customer.*

*The receipts **must** be made available to WIC staff or its representatives, when requested. If receipts are retained at a location other than the Vendor site (corporate office or bookkeeper's office), it is the duty of the Vendor to deliver the receipts within one hour to the WIC staff when requested.

The Vendor will not be paid for any food instruments submitted without the WIC customer's signature.

**Preparing Food
Instrument for
Deposit**

In preparing each check for deposit the following steps should be followed:

- a. Review for completeness.
 1. Check for participant signature.
 2. Check for amount of sale.
 3. Check for date of sale.
- b. Stamp check with vendor ID stamp.

**Vendor
Stamp
Replacement**

Vendor ID stamp is to be used with black ink. Replacement stamps may be ordered from the Departments contracted banking service provider at the Vendors expense. To order a new stamp, make a copy of the form in Appendix I, complete the form and send to the address indicated on the form. **Notify the Department immediately if stamps are lost or stolen.**

Vendor Complaints

Policy

The Department is interested in hearing about specific problems, concerns or suggestions Vendors may have with WIC transactions, including WIC customers, food instruments and local WIC providers.

Procedure

A Vendor may write a letter or submit a copy of the *Vendor Concern* form with any problems, concerns or suggestions to the Department or local WIC provider (See Appendix E). Vendors can copy this form as needed.

Follow-Up

WIC participants are educated by the local WIC provider regarding WIC approved foods and correct food instrument redemption procedures. Complaints against WIC customers are handled by the local WIC provider with oversight by the state. Complaints are discussed with the participants involved and correct procedures are re-emphasized. WIC participants may be sanctioned and/or penalized for violations of WIC Program rules.

End on Section III: Training/Checkout Procedures

SECTION IV: VENDOR PAYMENT

The Department will make payment to the Vendor upon receipt of validly transacted and redeemed food instruments for food costs incurred in providing WIC approved foods to WIC customers.

The Department shall deny payment, either partially or fully, to Vendor for improperly transacted or redeemed food instruments; or may establish a claim for payments already made on improperly transacted food instruments; or may offset future payments for the claim. The Department has the right to demand refunds for charges of more than Vendor's actual selling price and shall deny payment to the Vendor for more than the price limitations of the food instrument. The Department will provide the Vendor with an opportunity to justify or correct a claim, a demand for refund, or a denial of payment for fatal or non-fatal food instrument errors.

Timeframe

By signing the *WIC Vendor Authorization Contract*, the Vendor agrees to submit food instruments for payment within sixty (60) days from the "FIRST DATE TO USE". The Department shall have no obligation to pay any food instrument submitted outside of this timeframe.

Food Instrument Review

Policy

Prior to deposit, Vendors must review all food instruments for possible errors prior to submitting them for payment. By doing so, errors may be detected and possibly corrected. Checks with errors will be rejected by the banking contractor. The Vendor may incur banking charges for these. The Department cannot reimburse the Vendors for such charges.

What to Review

Food instruments should be reviewed for completeness, legibility, dates and the WIC customer signature. The register receipt should also be reviewed to ensure that the correct foods have been provided.

Correcting Errors

Policy

In some cases, Vendors may correct errors detected after the WIC transaction has been completed. Regardless of the error, NEVER FALSIFY A REGISTER RECEIPT OR WIC CUSTOMER SIGNATURE, this is considered FRAUD.

Incorrect, Excessive or Unissued Food Items

When the reviewer finds a non-WIC approved food item, a quantity of a WIC approved food item that is in excess of what was prescribed, or redemption of a food item that was not prescribed, the food instrument may be corrected using the following steps:

1. On the original register receipt:
 - a. Circle the food item.
 - b. Mark through the receipt total, with one line, so that it is still legible.
 - c. Subtract the amount of the error from the original total.
 - d. Write the corrected total redeemed amount under the lined-out original.
 - e. Initial the change.

2. On the food instrument:
 - a. Mark through the “PAY EXACTLY AMOUNT”, with one line, so that it is still legible.
 - b. Write the corrected amount above the lined-out original.
 - c. Initial the change.

Missing Signature If a Vendor fails to get the WIC customer’s signature, the food instrument will not be paid.

Follow-up In addition to correcting errors on paper, it is critical that immediate follow-up training be completed with store personnel. Follow-up training with the cashier and/or other store personnel involved in the transaction must be done to prevent future occurrences, thus saving the Vendor money and protecting the Vendor's record with the Department.

Payment Inquiry and Reconsideration Requests

Inquiries All payment inquiries regarding specific food instruments must be submitted in writing by mail. Telephone inquiries of this type will not be researched. Telephone requests for general information are welcomed. The Department is building a list of frequently asked questions on the WIC program’s home page.

Approval Request For Non-Paid WIC Checks Form For Vendors who believe a payment denial has been made incorrectly, or believe there is a justifiable reason why payment should be made, the Department may consider payment approval with valid justification. A Vendor must submit a written payment reconsideration request to the Department within sixty (60) days of the “FIRST DATE TO USE” printed on the check. Remember to always keep a photocopy of all items being mailed, including the front and back of the check (See Appendix F).

Reconsideration requests must include:

1. Vendor stamp, dated mailed, check number, complete store name with address, contact name and a phone number.
2. A brief explanation on the form describing the circumstances, the reason why payment should be reconsidered, and what steps have been taken to prevent problem(s) in the future. One completed form must be prepared for each check approval requested.
3. The original check with the denial/rejection stamp and the original receipt for the transaction must be included.
4. A corrective action plan demonstrating to the Department how the problem(s) will be prevented in the future.

Approval/Denial Consideration will be given to the documentation submitted. Incomplete appeal forms or appeals that do not include the check and the receipt will be denied.

- If the appeal is approved, the WIC Program will place an “Approved – Re-deposit” stamp on the face of the check and return it to the Vendor for re-deposit.
- If the appeal is denied, the WIC Program will place a “Denied. Do Not Re-deposit” stamp on the face of the check and return it to the Vendor.

WIC Banking Contractor

The WIC Program’s banking contractor will return improperly transacted or redeemed checks to the store’s bank.. WIC check errors are sorted into two types, non-fatal and fatal. Non-fatal errors may be corrected on the first rejection and re-deposited by the store. Fatal errors must be corrected and appealed directly to the WIC Program on the appropriate form before they are re-deposited.

When a check is returned to the store it will have at least one error stamp on it. The error stamp messages are listed below. Each stamp is numbered and the resolution steps are listed following a bullet point for non-fatal reject reasons.

Non-Fatal Reject Reasons

Checks that are returned for the following reasons may be corrected by the Vendor and re-deposited, as long as it is not more than sixty (60) days from the “First Date to Use”, printed on the check:

1. DOLLAR AMOUNT MISSING:
 - Vendor should correct and re-deposit. The WIC Program will not correct this.
2. MISSING/ILLEGIBLE VENDOR NUMBER
 - WIC food instruments without a WIC Vendor stamp or with an illegible WIC Vendor stamp.

Fatal Reject Reasons

A check has a fatal error if it is returned with a “Do Not Re-Deposit” stamp. In the case where you know that a check was improperly redeemed, but there are extenuating circumstances, you may send the check to the Missouri WIC offices in Jefferson City, on the Approval Request for Non-Paid WIC Checks form (WIC-77) you must include the check and original receipt. This procedure is for the extremely rare situation where there is a valid reason that the check was taken. This is not a guarantee that the check will be approved (See Appendix F for the form).

1. TAKEN EARLY
 - WIC food instruments accepted before the “FIRST DATE TO USE”.
2. DATE REDEEMED NOT RECORDED
 - WIC food instruments without a date redeemed.
3. OVER CHECK LIMIT
 - WIC food instruments redeemed for more than the “MAXIMUM PURCHASE PRICE-DO NOT EXCEED”.

4. APPROVED-RE-DEPOSIT - BUT MORE THAN 120 DAYS AFTER “FIRST DATE TO USE”.
 - The food instruments with a Department “approved-re-deposit” stamp submitted for payment more than 120 days after the “FIRST DATE TO USE”.
5. ALTERED – DO NOT RE-DEPOSIT
 - An obvious alteration to the food prescription, amount, “First Date to Use” or “Last Date to Use”
6. MISSING SIGNATURE – DO NOT RE-DEPOSIT
 - No participant or proxy signature present.
7. PREVIOUSLY PRESENTED – DO NOT RE-DEPOSIT
 - The WIC check has already been presented and fatally rejected.
8. LATE DEPOSIT – DO NOT RE-DEPOSIT
 - Retailer deposited the WIC check more than sixty (60) days from the “FIRST DATE TO USE” or transacted check after “LAST DATE TO USE”.
9. AGENCY NUMBER MISSING – DO NOT RE-DEPOSIT
 - Local agency information is missing from the WIC check.
10. STOP PAYMENT – DO NOT RE-DEPOSIT
 - The WIC check has been marked as “Stop Pay”.
11. INVALID VENDOR NUMBER
 - The retailer identification number or the retailer stamp is invalid.

**Checks
Submitted
Twice**

If checks are presented for payment (deposited), twice without being properly corrected (where permitted), or without an approval stamp from the WIC Program on the second presentment, no further appeal will be permitted. This complies with the Federal Reserve’s banking regulations. **The WIC Program cannot change this rule.**

Banking Fees

Many financial institutions charge their customers for items that are returned and charged back to the accounts. If your bank assesses a charge for this, it is between you and your bank. The WIC Vendor Authorization Contract states that you will assure that each WIC check:

1. Is signed.
2. Is redeemed in the proper timeframe.
3. Does not exceed the “MAXIMUM PURCHASE PRICE” printed on the check.

Vendors may not recover bank charges from the Missouri WIC Program, or from WIC Participants or their proxies.

Returned Checks	Vendors should notify their bank that rejected checks must be returned to the store, without delay, for possible correction. If the bank does not do this and automatically re-deposits rejected checks they will be rejected again and voided.
Additional Vendor Information	<p>Vendors may not seek reimbursement of money or return of food from WIC participants for any rejected check.</p> <p>The Missouri WIC Program cannot pay WIC checks from other states.</p> <p>Banking regulations prohibit a third presentment for payment through the clearing bank.</p> <p>The Missouri WIC Program has the right to modify payment, to assess a claim, or to charge a fine for WIC food instruments transacted for unauthorized foods, other items, or with sales tax charged.</p> <p>The Missouri WIC Program may deny payment to the Vendor for improperly redeemed checks or may require refunds for payments already made on improperly redeemed checks.</p>

End of Section IV: Vendor Payment

SECTION V: VENDOR COMPLIANCE

Overview

The Department has systems to detect Vendors who commit violations or defraud the Program. These systems also enable the Department to identify those vendors who, knowingly or unknowingly, violate federal regulations, Program policies and procedures, and/or the terms of the *WIC Vendor Authorization Contract*. In order to ensure Program integrity, it is necessary to impose sanctions consistently against Vendors who are in violation.

The Vendor shall comply with the nondiscrimination provisions of Departmental regulations (7 CFR parts 15, 15a, and 15b). No person shall be subject to discrimination on the basis of race, color, national origin, sex, age, or disability. The Vendor shall comply with the nondiscrimination provisions of Governors Executive Order #87-6 and all other State laws. No person shall be subject to discrimination on the basis of religion or political affiliation.

Since this Contract is federally funded the Vendor shall abide by the provisions of Appendix B 45 CFR Part 76, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction which is incorporated herein as if fully set out.

Vendor Monitoring

Policy

By signing the *WIC Vendor Authorization Contract*, the Vendor agrees that the Department or its designee may monitor the Vendor for compliance.

During the course of a monitoring review the Vendor shall provide access to all redeemed food instruments that have not been submitted for payment, receipts for food instruments submitted for payment, purchase orders and/or invoices for WIC approved foods, shelf price records, and all retail and storage areas.

In addition to the routine monitor procedures outlined below, the Department shall perform covert investigations of Vendors to detect possible cases of fraud or abuse of the Program.

Signs

Vendors must post a WIC authorization sign at each customer entry door. All WIC approved food items must be identified with a “WIC Approved” tag on the shelf and have the price displayed for each food item.

Routine Monitoring Procedure

Routine Vendor monitoring may consist of, but not be vendor limited to, the following:

1. Verify the name, address and number of the Vendor.

2. Conduct an educational purchase of WIC foods to observe **transaction** procedures. (This procedure may be omitted if an actual WIC transaction is observed and documented by the monitor staff.) The monitor may select WIC approved and non-approved items and observe the cashier's reaction and response when they are placed before him/her. The monitor will observe and document the order in which the **transaction steps occur**. The monitor will evaluate the transaction process and advise the cashier and person in charge of both positive and negative aspects of the transaction. All parties will void the transaction and returned the foods to the store shelves. The monitor will retain the sales receipt and the food instrument used.
3. Check all redeemed food instruments currently in the possession of the Vendor. Monitors **will review all** improperly transacted food instruments on the spot and retain those food instruments for submission to the Department. In these instances, the Vendor will not be paid for those food instruments. Receipts for food instruments already processed for payment will be reviewed. Errors detected will result in the Department making a claim against the Vendor.
4. An inspection of the sanitary condition of the produce, frozen foods, dairy and egg cases and general cleanliness of the store. For questionable stores, a referral will be made to the local public health agency.
5. Ensure that the packaging of all WIC approved food is in good condition and protects the integrity of the contents, so that the food is not exposed to adulteration or potential contaminants. Assure that WIC approved food is within the date imprinted on the product packaging by the product's manufacturer or packager.
6. Verify prices, selection and quantities of WIC approved foods.
7. Review the Vendor's inventory records and purchase orders of WIC approved foods.
8. Discuss special concerns of the Vendor, either answering the concerns directly or forwarding them to the Department for response.
9. Discuss with the Vendor known problems or previous concerns expressed to the local WIC providers or the Department via WIC customer complaints, etc.
10. Discuss all findings with the manager or designee. This discussion shall serve as an exit interview. The monitor will obtain the printed name and signature of manager or designee before leaving the store.
11. The Department will review the monitoring report and send a letter to the Vendor detailing the Contract violations or no violations, and the plan of correction to correct any violations. The Vendor will be required to fulfill the correction action plan identified in the letter.
12. Follow-up will occur to ensure corrective action has taken place. Further follow up will occur as indicated and necessary.

End of Section V: Vendor Compliance

SECTION VI: WIC APPROVED FOODS

Overview Because WIC foods are specifically chosen to help reduce complications of pregnancy due to poor nutrition and to promote the healthiest possible birth, growth and development of infants and children, the Vendor's role in ensuring WIC customers receive only those foods prescribed on the WIC food instrument is critical. By signing the Contract the Vendor agrees to maintain a minimum stock (quantity and variety) of the current WIC approved foods on the store shelves at all times.

WIC Foods A complete printed brand list is provided in Appendix G. The Department will provide an updated brand list to the Vendors at least thirty (30) days prior to the expiration of the previous list.

Minimum Stock This section also lists the minimum stock requirement of WIC approved foods. By signing the *WIC Vendor Authorization Contract*, Vendors agree to maintain the minimum stock requirement of WIC approved foods in the store at all times.

By signing the *WIC Vendor Authorization Contract*, Vendors agree to maintain adequate inventory records (invoices and purchase orders) to verify billings made for all WIC food items purchased at any time during the current contract year, and for the previous three years if a *WIC Vendor Authorization Contract* was then in effect. This must include, but is not limited to, inventory records required for Federal tax reporting purposes.

Infant Cereal

Target Nutrients Iron, zinc

Category	Approved Size	Minimum Stock
Infant Cereals <i>Must be dry, plain, no fruit added.</i>	8 ounce box or 16 ounce box	6 boxes of the 8 oz size

Infant Juice

Target Nutrients Vitamin C

Category	Approved Size	Minimum Stock
Infant Juice <i>All 100% juice flavors, no yogurt added.</i>	32 ounce plastic bottle	6 bottles total

Infant Formula

Policy	Infant formula is an integral part of an infant’s diet and is chosen for specific dietary needs. Therefore, it is imperative that Vendors allow WIC customers to redeem only the specific type, size and quantity of formula issued on a food instrument.
Standard WIC Contract Formula	The Missouri WIC Program participates in an infant formula rebate program. In doing so, the Department contracts with a specific infant formula manufacturer who agrees to give a rebate to the Department for each unit of their infant formula redeemed with a WIC food instrument. The money from this rebate enables the Department to serve more eligible participants. The infant formulas included in the rebate contract are called the “Standard WIC Contract” formulas.
Special Formula	All formulas other than the current Missouri Standard WIC Contract formulas, which may be prescribed on a food instrument, are called “Special” formulas or non-contract formulas. When a special formula is prescribed on a food instrument, the special formula may be computer printed on the food instrument or hand-written in an area printed as “SF_____”. In the latter case, the WIC provider will write the type, size and quantity of formula being issued in the area provided.
Tiered Stocking Peer Groups for Infant Formula	<p>The tiered stocking requirement peer grouping is designed to reduce formula inventory for retail vendors who have less participant traffic and to reduce the financial burden of stocking unneeded formula by smaller retail vendor stores. New retail vendors will not have any WIC sales for the past year so for the first six months the store will be placed in a peer group according to the projected annual total of food sales on the WIC 11 application.</p> <p>After six months, the retail vendor will have its peer grouping status re-evaluated. Using an extrapolation of the monthly average of the retail vendor’s WIC sales WICNS will determine whether the vendor’s current peer grouping needed to be changed.</p> <p><u>Tiered Stocking Peer Groups</u></p> <ul style="list-style-type: none">• Class I: Stores with annual WIC sales of \$72,000 or below.• Class II: Stores with annual WIC sales of \$72,001 - \$2,000,000.• Class III: Stores owned by major chains, e.g., Dierbergs, Dillions/Gerbes, Hy-Vee, Kroger, Shop-N-Save, Schnucks and Town & Country.• Class IV: Stores that are discount groceries and hypermarkets, e.g., Price Chopper, Price Cutter/Ramey and Wal-Mart.

Stocking Levels	Class I	Class II	Class III	Class IV
Standard WIC Contract				
Milk Based Infant Formula				
Enfamil w/ iron LIPIL				
Concentrate	36 cans (3 cases)	48 cans (4 cases)	60 cans (5 cases)	60 cans (5 cases)
Powder	12 cans (2 cases)	18 cans (3 cases)	24 cans (4 cases)	24 cans (4 cases)
Standard WIC Contract				
Lactose-free Milk Based Infant Formula				
Lactofree LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Standard WIC Contract				
Soy Based Infant Formula				
Prosobee LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Other Contract Formulas				
Enfamil w/Iron				
Concentrate	12 cans (1 case)	24 cans (2 cases)	24 cans (2 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)

Special infant formulas, Prosobee and Enfamil AR LIPIL are not be required to be stocked but must be made available for a participant within seventy-two hours.

Milk Products

Target Nutrients Calcium, protein, riboflavin, vitamin A, and vitamin D

Category	Approved Brands	Approved Size	Minimum Stock
Whole Milk Must be unflavored, vitamin D fortified. No organic. No glass bottles .	All brands	Fluid gallon	12 gallons MILK ONLY contract: 3 gallons
2% Milk Must be unflavored, vitamin A and D fortified. No organic. No glass bottles .	All brands	Fluid gallon	8 gallons MILK ONLY contract: 3 gallons
Low Fat Includes 1%, ½%, Skim Must be unflavored, vitamin A and D fortified. No organic. No glass bottles.	All brands	Fluid gallon	8 gallons MILK ONLY contract: 3 gallons
Cultured Buttermilk Whole or low-fat variety .	All brands	Fluid quart	Must be available within 72 hours
Evaporated Milk Whole or low-fat variety. Filled milks are not WIC approved.	All brands	12 ounce can	Must be available within 72 hours
Dry Milk Whole or low fat variety.	All brands	3 quart box and 8 quart box	Must be available within 72 hours
Specialty Milk	As prescribed on the food instrument*	As prescribed on the food instrument*	Must be available within 72 hours

*Note: When specialty milk is prescribed on a food instrument, the specialty milk may be computer typed on the food instrument or hand-written in an area printed as, “SM_____”. In the latter case, the WIC provider will hand write the type, size and quantity of milk being issued in the area provided.

Eggs

Target Nutrients Iron, protein, vitamin A, vitamin B6, vitamin D, folate, and zinc

Category	Approved Brands	Approved Size	Minimum Stock
Fresh Eggs, grade A or AA White only. No low cholesterol or specialty eggs. No organic or free range.	All brands	Medium only	6 single dozen cartons

Cheese

NOT Approved The following cheese products are not WIC approved:

- NO deli cheese
- NO “cheese food” or “cheese food product”
- NO cheese spread, string cheese or shredded cheese
- NO low-fat, reduced fat, low cholesterol, low-salt or “lite” cheese
- NO cheese with additives or flavoring, example: cheese with jalapeno peppers, smoked
- NO individually wrapped slices

Target Nutrients Protein, calcium, and vitamin A

Approved Varieties	Approved Brands	Approved Size	Minimum Stock
<p>Must be plain, natural and domestic:</p> <ul style="list-style-type: none"> • American • Brick • Cheddar (includes extra sharp, sharp, medium or mild) • Colby • Colby Jack • Monterey Jack • Muenster • Mozzarella (includes part skim or whole) • Provolone • Swiss • Blends of any of the above 	<p>Store brand / generic only.</p> <p>No sliced cheese except for store brand/generic American cheese.</p>	<p>Must be:</p> <ul style="list-style-type: none"> • Prepackaged • Block Only • Standard or random weight in any size up to the amount issued on the food instrument. <p>Note: Random weights should be calculated to the nearest one-tenth of a pound and not rounded up to the nearest pound.</p>	<p>3 different varieties, 12 pounds total</p> <p>Note: Different types of a certain cheese count as different varieties. For example, extra sharp, medium and mild cheddar would count as three different varieties.</p>

Dried Beans and Peas

Target Nutrients Low-fat source of protein, iron, and folate

Approved Brands	Approved Varieties	Approved Size	Minimum Stock
Store brand / generic of dry, unprocessed bean or pea or mixed beans. Plain, no flavored beans or flavoring packets added.	All varieties are allowed. Examples of Allowable Beans or Peas: Cow Peas Mung Beans Lentils Kidney Beans Soy Beans Split Peas Great Northern Navy Beans Pinto Beans Black Beans Baby Lima Crowder Peas Garbanzo Beans Mixed Beans Black Eyed Peas	One pound package only	2 varieties 3 packages total

Peanut Butter

Target Nutrients Protein, iron, and vitamin B6

Approved Brands	Approved Varieties	Approved Size	Minimum Stock
Store brand / generic only	Smooth, creamy, regular variety.	18 ounce jar only	3 jars total

Tuna

Target Nutrients Protein, iron

Approved Brands	Approved Varieties	Approved Size	Minimum Stock
Any brand of plain tuna is allowed. No Albacore or white Tuna	W ater packed plain or regular variety.	6 to 6.5 ounce can (no bags)	12 cans total

Hot Cereal

Target Nutrients Iron, folate, zinc, and vitamin B6

Allowable Brands	Size	Minimum Stock
Refer to current WIC Approved Brand List for this category.	Any size box	6 boxes of any brand or size

Cold Cereal

Target Nutrients Iron, folate, zinc, and vitamin B6

Manufacturers with approved brands	Approved Size	Minimum Stock
Refer to current WIC Approved Brand List for this category. No individual size servings.	Any bag or box, 6 to 36 ounces	3 different varieties, 18 units total

Juice, Ready-to-Serve

Target Nutrient All WIC approved juices must be 100% juice, fortified with vitamin C, no sugar added.

Approved Juices and Brands	Approved Size	Minimum Stock
Refer to current WIC Approved Brand List for this category. No glass bottles.	46 ounce can or plastic bottle	3 varieties, 18 units total

Juice, Concentrate

Target Nutrients All WIC approved juices must be 100% juice, fortified with vitamin C, no sugar added.

Frozen and Shelf Stable Concentrates	Approved Sizes	Minimum Stock
Refer to the current WIC Approved Brand List for this category. Note: The minimum stock requirement for WIC approved juice concentrates may be filled by frozen or shelf-stable concentrates, or a combination of both.	11.5 and 12-ounce cans	3 varieties, 18 units total.

Carrots

Target Nutrients Vitamin A

Approved Types and Brands	Approved Sizes	Minimum Stock
Any brand of cut, fresh or frozen carrots Baby carrots, crinkle cut or sliced are approved.	1 or 2 pound bags or bunches	6 pounds total

End of Section VI: WIC Approved Foods



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
NUTRITION SERVICES AND WIC

WIC STORE ORDER REQUEST

SEND TO:
DHSS Warehouse
PO Box 570
Jefferson City, MO 65102-0570
Fax: (573) 751-1574

Unless otherwise noted, all quantities are per item.

STORE NAME	WIC VENDOR NUMBER				DATE
SHIP TO:	ADDRESS: (STREET)				
ATTN: (PLEASE TYPE OR PRINT)	CITY, STATE, ZIP				

	FORM NO.	QUANTITY
Store Order Form (Pad of 25)	WIC-5	
WIC Approved Food List	WIC-17A	
WIC Approved Food List (Spanish)	WIC-17AS	
Partial Infant Formula Redemption	WIC-21	
WIC Vendor Training Guide	WIC-22	
WIC Approved Shelf Tags (Sheets of 15)	98	
Checkout Procedures for Cashiers--Summary	901	
What Health Care Professionals Should Know About WIC	10	
WIC...Isn't Your Child Worth It? Poster	1078	
WIC tear pads for poster	625	
Get a Nutrition Lift With WIC	160	
WIC Saves Serious Money Insert	411	
Laminated Income Guidelines (Limited to 2)	514	
Get a Nutrition Lift With WIC (Spanish)	601	
Food Guide Pyramid Coloring Sheet for Children	828	
WIC Authorized Store Sign		



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
WIC AND NUTRITION SERVICES
APPROVAL REQUEST FOR NON-PAID WIC CHECKS

PLACE VENDOR STAMP HERE

All fields must be completed or check appeal will be denied.

DATE MAILED:

____ / ____ / ____

CHECK NUMBER:

VENDOR NAME:

VENDOR ADDRESS:

CONTACT NAME:

CONTACT TELEPHONE:

____ - ____ - ____

ATTACH RECEIPT HERE

JUSTIFICATION:

ATTACH CHECK HERE

Mail completed form, check and matching register receipt

To: Missouri Department of Health and Senior Services
WIC AND NUTRITION SERVICES #A3501
P.O. Box 570
Jefferson City, MO 65102-0570

WIC USE ONLY



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY HEALTH
WIC AND NUTRITION SERVICES
VENDOR CONCERN

STORE NAME: _____ VENDOR # _____

ADDRESS: _____

STORE PERSONNEL'S NAME, TITLE & PHONE NUMBER TO FOLLOW-UP WITH:

If this is a complaint about a WIC customer please list the agency number, agency name, check number, participant number and participant name from top of the WIC check that was redeemed.

AGENCY # _____

CHECK # _____ PARTICIPANT # _____

PARTICIPANT NAME: _____

DATE & TIME EVENT OCCURRED: _____
(Date) (Time)

DETAILS OF EVENT:

- ☐ WIC customer tried to buy unauthorized items with check.
- ☐ WIC customer tried to receive cash for WIC check or in addition to foods.
- ☐ WIC customer tried to return items purchased with WIC checks for cash or credit.
- ☐ WIC customer was verbally or physically abusive to employees.
- ☐ Other _____

(Attach additional sheets as needed)

MAIL OR FAX TO:

Missouri Department of Health and Senior Services
WIC and Nutrition Services
P. O. Box 570, Jefferson City, MO 65102-0570
Fax: (573) 526-1470

FY 2005 MISSOURI WIC STATE PLAN

FOOD DELIVERY

**APPLICATION PACKET FOR VENDOR
AUTHORIZATION**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC AND NUTRITION SERVICES

WIC PROGRAM VENDOR ENROLLMENT APPLICATION PACKET

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Overview Of The Missouri WIC Program

Welcome: The Missouri Department of Health and Senior Services, WIC and Nutrition Services appreciates your interest in becoming an authorized retail store with the Supplemental Nutrition Program for Women, Infants and Children (WIC).

The Vendor application packet provides an overview of the Missouri WIC Program as well as specific instructions for completing the enclosed application.

Please read all of the information contained in the application packet. All applications **MUST** be complete, and all supporting documentation **MUST** be submitted with the application in order to accurately assess the eligibility of each retail store for a WIC Vendor Authorization Contract.

Incomplete applications will not be considered for Missouri WIC redemption authorization. Applicants who have submitted an incomplete application will be notified by letter regarding what is missing from the application. Only one notice of missing documentation will be sent.

Once notified of an incomplete application, the applicant must submit the missing information to the state WIC office within **30 days from the date of the letter**. **Applicants who fail to return the missing information within the 30-day deadline will have the application returned and will be required to complete a new application and resubmit it to the state WIC office.**

General Information

What is WIC? WIC is a supplemental nutrition program for pregnant, breastfeeding, postpartum women, and infants, and children up to their fifth birthday. Eligibility is based on income guidelines and nutritional risk as determined by qualified health professionals.

In order to prevent the occurrence of health problems, WIC Program participants are provided with foods high in iron, protein, calcium and Vitamins A, C, D and folate.

In addition to receiving prescribed supplemental foods, participants in the WIC Program receive dietary counseling, nutrition education, and when appropriate, referrals to meet their needs.

The Missouri Department of Health and Senior Services (DHSS) administers the WIC Program in Missouri through contracts with city or county health departments, primary health care centers or other not-for-profit agencies (local WIC providers).

The WIC Program is funded and administered at the federal level by the United States Department of Agriculture (USDA), Food and Nutrition Service.

The Retailer's Role

Redeeming Food Instruments The WIC Program is a major purchaser in the Missouri retail grocery system. Over \$80,000,000 of food is purchased annually.

The WIC participant is issued a food instrument by a local WIC provider. The participant exchanges the food instrument at any contracted WIC grocery store within the state of Missouri for only those food items prescribed on the face of the instrument.

The food instruments are processed through the State's contracted WIC banking service.

Authorization Process

Authorization Process Each retail store applying for WIC authorization must complete a six (6)-phase process.

Phase One: Vendor applicants must complete and submit all the required application forms to the State WIC office. All information **MUST** be complete. Refer to page 10 for required documentation.

Please assure required signatures are obtained on all forms and send the completed application to the State WIC office using the address on page 10 of this application packet.

Phase Two: The application will be reviewed for completeness. Applicants with incomplete applications will be notified by letter regarding what is missing from the application.

The State WIC office has **60 days from receipt of the completed application** (and supporting documentation) to review and determine if the store qualifies for the program.

Phase Three: If all required information meets the selection criteria and the application is approved, an on-site pre-contract store inspection will be scheduled. The on-site inspection verifies whether or not the store meets all the selection criteria.

Phase Four: The contract will be sent for Vendor signature. The contract must be signed and returned for further processing. When the contract with the signature is received it will be processed for the necessary Division and Department signatures.
This period may take up to four to six weeks.

Phase Five: Storeowners, managers, and/or store staff will be required to attend a new Vendor training session held in Jefferson City, Missouri. Failure to attend this training will delay the start of the contract. (NOTE: Phases four and five may occur simultaneously)

All owners, operators and managers of full service retail grocery stores and pharmacies must understand how the Missouri WIC Program operates. Compliance with all policies, procedures, and regulations of the Missouri WIC Program is the responsibility of each contracted Vendor.

Phase Six: The contract will be in effect when all signatures have been obtained, training has been received, the store has received the vendor identification stamps, and the store is notified of the date it may begin to accept WIC checks.

Selection Criteria

General Information The Department has established criteria for the selection of Vendor applicants to whom contracts authorizing the transaction and redemption of WIC food instruments will be awarded. Every contracted Vendor must comply with all vendor selection criteria throughout the contract period. The Department may reassess a Vendor at any time during the contract period. The Department will terminate the contract if the Vendor fails to comply with the current vendor selection criteria.

Defining Who is a Vendor Applicant All Vendors must be either a full service grocery store, a pharmacy, or a special purchase store. Full service grocery stores must stock, at a minimum, all of the following food groups: fresh produce, fresh and frozen meats and poultry (luncheon meats and deli meats do not qualify), canned and frozen vegetables, dairy products, cereals and breadstuffs, infant foods and formula. Pharmacies shall provide only special formulas, infant juice and infant cereal. Special purchase stores will contract to sell milk only in the Missouri WIC Program. Stores that stock and sell only WIC approved foods are not eligible for authorization as an approved Missouri WIC Vendor.

Business Integrity The Department will consider business integrity when determining eligibility for selection as a Vendor. Activities indicating a lack of business integrity include **but are not limited to, fraud,** antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice. **The Department shall determine which instances apply.**

If currently or formerly a Vendor for any USDA Food and Nutrition Services (FNS) programs, the Vendor must have or have had a positive compliance history with those programs.

The Department will not contract with a Vendor applicant that has been disqualified from a Federal program during the last six (6) years, or if any of the Vendor applicant's current owners, officers, or managers have had a civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity.

The Vendor must be free of any conflict of interest, as defined by applicable State laws, regulations and policies, between the Vendor and the Department or its contracted local WIC providers. Conflict of interest includes any activities which would tend to influence a decision, create a bias or prejudice which would favor one side or the other in conflict with a Department or contracted local WIC providers employee's duties or which would conflict with the accomplishment of the Department's mission or goals. Examples are as follows:

- Solicitation or other influence for personal reasons or benefits.
- Personal relationships, either of an intimate or financial nature.
- Ownership or significant financial interest in a private business, including family member(s) within the fourth degree.
- Membership in or serve as a board member of any association or corporation

participating in a program regulated or operated by the Department, such as a member of a county board of health.

**Business
Stability**

The Vendor must be an established business, open to the public for at least one year in the current location or must own and operate at least one other Missouri WIC Vendor in good standing at another location.

The vendor applicant must be registered with the Missouri Secretary of State if doing business in other than his or her own name. If registered as a foreign corporation, the owners(s) will identify the state of origin for the corporation.

Pricing

The pricing peer groups shall be used for purposes of determining whether a vendor applicant meets the pricing requirements of the program and whether current retail vendors are exceeding the state price for the peer group they are in. The retail prices for WIC approved foods must not be greater than the Department's allowable variance from the statewide average prices.

Each retail vendor, on a quarterly basis, will have their prices reviewed using the food package prices established by the WIC office, for each peer group. The four types of food packages are for a pregnant or breastfeeding woman, a child and an infant using one package each for concentrated and powdered formula. Average food package prices will be calculated based on prices submitted by retail vendors on the Quarterly Food Price and Stocking Survey. Current retail vendors will be placed in the peer groups indicated below.

Any retail vendor with food package prices that are more than 10% over the average price for the peer group food packages will be placed on the high-risk vendor list. Immediate action will be taken to confirm food prices and any additional areas of non-compliance. The examples of the peer group food packages are listed in the table below.

For vendor applicants, food prices submitted with the application will be used in the pricing peer group process. The vendor applicant will be reviewed by using the projected total food sales listed on the WIC-11 vendor application to determine the peer group they store will fall into. If the vendor applicant's store prices exceed State's maximum food price limit or are more than 10% over the average price for the peer group's identified food packages, the application will not be approved. The applicant will be informed of the failure to meet the program's selection criteria. The vendor applicant may then adjust their pricing and reapply after 180 days.

If the vendor applicant is awarded a WIC Authorization Contract, ~~after six months~~, the retail vendor's peer grouping status would be re-evaluated after six months. WICNS will determine whether the vendor's current peer grouping needed to be changed ~~using an~~ extrapolation of the monthly average of the retail vendor's WIC sales.

Pricing Peer Groups

- **Class I:** Stores with annual WIC sales of \$72,000 or below.
- **Class II:** Stores with annual WIC sales of \$72,001 - \$2,000,000.
- **Class III:** Stores owned by major chains, e.g., Dierbergs, Dillions/Gerbes, Hy-Vee, Kroger, Shop-N-Save, Schnucks and Town & Country.
- **Class IV:** Stores that are discount groceries and hypermarts, e.g., Price Chopper, Price Cutter/Ramey and Wal-Mart.

Business Hours	The Vendor must be open during normal retail business hours and must be open a minimum of six (6) days per week between 9:00 a.m. and 6:00 p.m. daily.
Minimum Stock	The store's inventory must meet the minimum stock defined in the <i>WIC Vendor Authorization Contract</i> . The store must have adequate inventory to supply WIC customers with enough approved foods to fully transact all WIC food instruments presented. Pharmacies contracted to supply medically prescribed formula do not have stocking requirements, but must provide all such formulas within 72 hours of presentation of a WIC food instrument by a participant or advance notification of need by a local WIC provider or by the state agency.
Sanitation	<p>The Vendor must have a positive sanitation history as evaluated using the Department's current food establishment regulations. A negative sanitation history includes but is not limited to:</p> <ul style="list-style-type: none"> • Temporary closings due to unsanitary conditions. • Documented non-compliance in correcting unsanitary conditions. • Current or unmet work orders for corrective action. • On the most current sanitation inspection, non-compliance with the current food establishment regulations in five (5) or more critical control points. • During the WIC pre-contract on-site store inspection the following specific items are checked: <ul style="list-style-type: none"> a. No evidence of excess un-removed rubbish. b. Floors clean, swept and free from dirt, grime, filth, and/or excess rubbish. c. Floors in good repair (no holes in floor). d. No evidence of insects and/or rodents within the store premises. e. Garbage or refuse within the store premises is stored (covered) so that it is inaccessible to insects and/or rodents. f. No evidence of thawing and then refreezing of foods (cans of frozen juice frozen together, cans of frozen juice are sticky, frozen packages of meat frozen together). g. Foods properly stored and/or refrigerated (frozen foods are frozen and not soft, no evidence of frost build up on the freezer case or on the frozen food items). h. Freezer and cooler temperatures meet minimum requirements. i. No evidence of food spoilage.

- j. No evidence of outdated milk, eggs, cheese, or infant formula.
- k. No other clearly identified lack of cleanliness or safety.

Percentage of Food Sales	The Vendor must be operating a full service grocery store at the applicant/contracted location, which has gross food sales of at least 75% of total gross grocery receipts, excluding alcohol and tobacco. If either alcohol or tobacco product sales individually or in aggregate comprise 25% or more of food sales, a contract will not be offered. Pharmacies and special purchase stores are exempted from this requirement due to their WIC approved item limitations.
Exceptions	The Department reserves the right to make exceptions to (waive) the vendor selection criteria to address inadequate participant access. However, pricing and stocking requirements are not waivable, per federal regulations.

Inadequate Participant Access

Overview At the Department's discretion, a Vendor may have certain selection criteria waived when a situation of *inadequate participant access* exists. Participant access determinations shall be made by, and are solely at the discretion of the Department.

Situations causing *inadequate participant access* may be the result of, but are not limited to:

- The disqualification of a contracted Vendor.
- Change of ownership or location of a contracted Vendor.
- Disaster or other cause for the loss of, or access to, a contracted Vendor.

In urban areas, where public transportation is available, participant access will be considered inadequate if any of the following conditions applies:

- A Vendor density of less than one per 500 participants.
- Participants must travel more than an average of one mile to a Vendor.
- Other conditions exist which makes a Vendor within a mile difficult for participants to access.

In rural areas (non-class 1 counties), participant access will be considered inadequate if either of the following conditions applies:

- There are less than two Vendors in the county.
- Participants must travel more than an average of ten (10) miles to a Vendor.
- Other conditions exist which make a Vendor within ten miles difficult for participants to access.

The Department may declare a situation of inadequate participant access to:

- Accommodate special populations (e.g., migrant workers and their families).
- Respond to disasters.
- In response to sudden or unexpected population changes to meet the public health mission of the Department and the Program.

Types of WIC Authorization

Vendor Contract The WIC Vendor Authorization Contract binds the State Agency and the Vendor to all State and Federal regulations, policies procedures.

Unless otherwise notified, each Vendor Contract expires at midnight, on the date and year specified on the contract.

Before the signing the WIC Vendor Authorization Contract the owner should carefully read the entire contract.

No Vendor may accept WIC food instruments for redemption prior to the date specified on the contract.

The Department will determine the category of contract offered to Vendor.

Category	Description
1	All WIC approved foods, standard WIC contract formulas and all special formulas. (Full service grocery stores with pharmacies)
2	All WIC approved foods, standard WIC contract formulas and the option of providing only those special formulas available through the Vendor's grocery wholesaler. (Full service grocery stores without pharmacies)
3	Special formula only. This type of contract is reserved for Pharmacies Only. Note: Standard WIC contract formulas are not allowed for redemption with this type of contract.
4	Special formula, infant juice and infant cereal only. This type of contract is reserved for Pharmacies Only. Note: Standard WIC contract formulas are not allowed for redemption with this type of contract.
5	Milk only.
6	A group of stores of varying size, which are owned by a single entity (i.e., sole proprietorship, partnership, Sub-chapter "S" corporation, publicly traded corporation, etc.) Note: Each store location is evaluated individually with selection criteria and assigned category 1 through 5, as listed above.

Store Ownership The WIC Vendor Authorization Contract specifies the name of the store.
Any change of store ownership makes the contract null and void.

Store Location The WIC Vendor Authorization Contract specifies the location of the store. All Missouri contracted stores must be stationary buildings, fixed in one location at all times. **Any change of the location of a store makes the contract null and void.**

Chain Store **Chain stores are not automatically entitled to have all locations approved.** Each location must be evaluated against all selection criteria as if it were a single, independent entity and will be individually listed on the contract attachment for the corporation contract.

Forms and Documents Needed To Process The Application

Required Forms

The following must be submitted to the State WIC office before a store can be assessed by the selection criteria for WIC redemption authorization.

Failure to submit all required documentation will result in the applicant not being considered for a WIC contract.

You can use this page to check off each category as you complete the enrollment process.

☐ VENDOR AUTHORIZATION APPLICATION – WIC 11A and WIC 11B (3 pages)

Application must be fully completed, signed and dated.

☐ COPY OF SANITATION REPORT

A signed copy of the store's latest sanitation inspection received from the local health department must be attached to the Vendor Authorization Application. For a new store, a statement of the scheduled date of inspection, signed by the health department may be submitted. The initial sanitation inspection must be completed before the contract will be issued.

☐ FOOD PRICE LIST AND STOCKING SURVEY

The Food Price List and Stocking Survey must be fully completed, signed and dated. This information will be verified when the State WIC representative completes the pre-contract on-site inspection in Phase three of the application process. For a new store, not yet opened, the planned prices and stocking quantities must be provided. The State WIC representative will compare the purchase invoices to the stocking quantities on the survey during the pre-contract on-site inspection.

☐ OTHER DOCUMENTATION

Check the Vendor Authorization Application for sections that require additional documentation.

SEND THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
VENDOR CONTRACT COORDINATOR
P.O. BOX 570
JEFFERSON CITY, MO 65102**

Retail Store Food Price List and Stocking Survey

Food Prices Each applicant must complete and return the Food Price List and Stocking Survey with the Vendor Authorization Application.

Stores must list the current shelf (not sale) prices of all WIC approved foods the store currently has in stock.

Stores must list the quantity in stock of all WIC approved foods in the store.

Do not substitute prices or quantities of any items or sizes if different from those listed.

If you do not stock a food item or size listed on the Food Price List and Stocking Survey, place an "NA" on that line.

It is important that stores report any and all approved products available at the store, as the stores will also be judged on the variety and selection of approved foods.

The person completing the food price list must sign and date it where indicated.

Caution: Applicants must stock the minimum varieties and quantities for each food category listed on the pages to follow.

Minimum Stock Requirements

Contracted Vendors must maintain a minimum stock (quantity and variety) of the current WIC approved foods on store shelves at all times. This includes before, during and after heavy volume of WIC redemption activity.

Milk Whole, 2%, and low fat (1%, ½%, or skim) milk in gallons (no glass bottles or organic). Minimum stock – twelve (12) gallons whole, eight (8) gallons 2% and eight (8) gallons low fat.

Category	Approved Brands	Approved Size	Minimum Stock
Whole Milk Must be unflavored, vitamin D fortified. <i>No organic. No glass bottles.</i>	All brands	Fluid gallon	12 gallons MILK ONLY contract: 3 gallons
2% Milk Must be unflavored, vitamin A and D fortified. <i>No organic. No glass bottles.</i>	All brands	Fluid gallon	8 gallons MILK ONLY contract: 3 gallons
Low Fat Includes 1%, ½%, Skim Must be unflavored, vitamin A and D fortified. <i>No organic. No glass bottles.</i>	All brands	Fluid gallon	8 gallons MILK ONLY contract: 3 gallons
Cultured Buttermilk <i>Whole or low-fat variety.</i>	All brands	Fluid quart	Must be available within 72 hours
Evaporated Milk Whole or low-fat variety. <i>Filled milks are not WIC approved.</i>	All brands	12 ounce can	Must be available within 72 hours
Dry Milk <i>Whole or low fat variety.</i>	All brands	3 quart box and 8 quart box	Must be available within 72 hours
Specialty Milk	As prescribed on the food instrument*	As prescribed on the food instrument*	Must be available within 72 hours

Eggs	Grade A or AA, medium, white only . No low cholesterol or specialty eggs, such as free range or organic. Minimum stock – six (6) single dozen cartons.
Cheese	Plain, natural, domestic cheeses. Must be prepackaged, store brand/generic block cheese only. No sliced cheese except for store brand/generic American cheese. Minimum stock – three (3) different varieties of any approved size and a total of twelve (12) pounds.
Cereals	Any size box or bag, 6 ounces or larger. Hot cereals. Minimum stock - six (6) boxes. Cold cereals. Minimum stock - At least three (3) different varieties and a total of eighteen (18) units. No boxes with individual size servings.
Juices	Fruit or vegetable juice, 46 ounce cans or plastic bottles (full strength) and 11.5 or 12 ounce cans of concentrates (frozen and/or shelf stable). Minimum stock – At least three (3) different varieties and a total of eighteen (18) units of concentrates. Minimum stock – At least three (3) different varieties and a total of eighteen (18) units of full strength.
Dried Beans and Peas	Plain (no flavor additives), in one-pound packages, store brand/generic only . Minimum stock – At least two (2) varieties and a total of three (3) units.
Peanut Butter	Creamy, plain, store brand/generic only . Minimum stock – three (3) 18 ounce jars.
Carrots	Any brand of plain, fresh or frozen carrots. Minimum stock – six (6) one-pound packages.
Tuna	Any brand of plain tuna, water packed only . Minimum stock – twelve (12) cans of 6.0 to 6.5 ounce size.

Tiered Stocking Peer Groups for Infant Formula	The tiered stocking requirement peer grouping is designed to reduce formula inventory for retail vendors who have less participant traffic and to reduce the financial burden of stocking unneeded formula by smaller retail vendor stores. New retail vendors will not have any WIC sales for the past year so for the first six months the store will be placed in a peer group according to the projected annual total of food sales on the WIC 11 application.
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After six months, the retail vendor will have its peer grouping status re-evaluated. Using an extrapolation of the monthly average of the retail vendor's WIC sales WICNS will determine whether the vendor's current peer grouping needed to be changed.

Tiered Stocking Peer Groups

- **Class I:** Stores that have annual WIC sales of \$72,000 or below.
- **Class II:** Stores with annual WIC sales of \$72,001 - \$2,000,000.
- **Class III:** Stores owned by major chains, e.g., Dierbergs, Dillions/Gerbes, Hy-Vee, Kroger, Shop-N-Save, Schnucks and Town & Country.
- **Class IV:** Stores are discount groceries and hypermarts, e.g., Price Chopper, Price Cutter/Ramey and Wal-Mart.

Stocking Levels	Class I	Class II	Class III	Class IV
Standard WIC Contract Milk Based Infant Formula Enfamil w/ iron LIPIL				
Concentrate	36 cans (3 cases)	48 cans (4 cases)	60 cans (5 cases)	60 cans (5 cases)
Powder	12 cans (2 cases)	18 cans (3 cases)	24 cans (4 cases)	24 cans (4 cases)
Standard WIC Contract Lactose-free Milk Based Infant Formula Lactofree LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Standard WIC Contract Soy Based Infant Formula Prosobee LIPIL				
Concentrate	12 cans (1 case)	24 cans (2 cases)	36 cans (3 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)
Other Contract Formulas Enfamil w/Iron				
Concentrate	12 cans (1 case)	24 cans (2 cases)	24 cans (2 cases)	36 cans (3 cases)
Powder	6 cans (1 case)	6 cans (1 case)	12 cans (2 cases)	18 cans (3 cases)

Special infant formulas, Prosobee and Enfamil AR LIPIL are not be required to be stocked but must be made available for a participant within seventy-two hours.

This completes the instructions for the Missouri WIC Program Vendor Application Packet. Thank you for your interest in the Missouri WIC Program.

Infant Cereals Plain, dry (no fruit added) in 8 ounce box and 16 ounce box sizes.
Minimum stock – six (6) 8 ounce boxes.

Infant Juices Any flavor (no yogurt added) in 32 ounce plastic bottles.
Minimum stock – six (6) bottles.

FY 2005 MISSOURI WIC STATE PLAN

REVISED POLICIES AND PROCEDURES

OTHER FNS GUIDELINES

2004 INCOME GUIDELINES

Missouri WIC Income Guidelines

April 1, 2004 - March 31, 2005

Family Size	Annual	Monthly	Weekly
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
Each additional family member	Plus 5,883	Plus 491	Plus 114

*Pregnant women are counted as **two** family members*

Income guidelines are based on 185% poverty level

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5963 (voice and TDD). USDA is an equal opportunity provider.

Missouri WIC Income Guidelines

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FY 2005 MISSOURI WIC STATE PLAN

FOOD DELIVERY

WIC VENDOR SELECTION CRITERIA

General Volume
Food Delivery/Vendor Section

WIC Vendor Selection Criteria (1.10000)

ER# 1.10000

Authority CFR 246.12(g)
Issued 8/01
Revised 10/04

POLICY: Standard selection criteria and processes will be used to evaluate all applications for contract to become an authorized WIC vendor.

PURPOSE: To assure program integrity and compliance with USDA and Missouri Department of Health and Senior Services policy and regulations.

PROCEDURES:

- A. The State agency has established criteria for the selection of applicants to whom contracts authorizing the transaction and redemption of WIC food instruments will be awarded. An applicant must fully comply with the vendor selection criteria before receiving a vendor authorization contract.
- B. Each owner applying for contract, whether private party, partnership, or public corporation, shall fully complete the Vendor Authorization form WIC-11.
- C. All applicants must also fully complete the Vendor Location Eligibility Sheet form WIC-11A for each location requesting authorization.
- D. The State agency may authorize or deny authorization to any applicant or any of location based on the selection criteria contained here.
- E. The State agency staff will use an application checklist to assure all items and information needed for contract processing is collected and assessed.
 1. Incomplete applications will not be reviewed but will be returned to the applicant one time for completion.
 2. A second submission of an incomplete application will result in the denial of authorization for no less than 180 days unless inadequate participant access may result.
- F. The State agency reserves the right to make exceptions to the criteria when necessary in situations when denial of the application would result in inadequate participant access. Federal regulations do not allow competitive pricing or the requirements of minimum stock and variety to be waived, even for reasons of inadequate participant access.
- G. The State agency will not authorize a vendor applicant if it determines the store has been sold in an attempt to circumvent a sanction.
- H. The following criteria will be applied to all applicants for contract.
 1. The State agency will consider business integrity when determining eligibility for selection as a vendor. The department will determine

business integrity using the criteria listed herein:

- a. The Department will not contract with any applicant if during the last six (6) years the applicant or any of the applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity.
 - b. Activities indicating a lack of business integrity include fraud, antitrust violation, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
 - c. The applicant must be an established retail grocery business or pharmacy, open to the public for at least one year in the current location or a franchise contracted with a wholesale company which holds leases on or owns at least one other Missouri WIC vendor in good standing at another location. This condition does not apply to a current Missouri WIC vendor, in good standing, when that vendor opens a new location, whether an additional location or a relocation of an existing authorized store.
 - d. The applicant must be free of any conflict of interest, as defined by applicable State laws, regulations and policies, between the applicant and the Department or its contracted agencies.
 - e. The applicant must have and maintain a positive compliance history with any USDA Food and Nutrition Services (FNS) programs, if currently or formerly a vendor for those programs.
2. The applicant must be registered with the Missouri Secretary of State if doing business in other than his or her own name. To do business without a Secretary of State registration, the owner's full name must appear in the store's name, e.g., Freddie MacDollar may do business as Freddie MacDollar's Grocery without registering but may not do business as Fred's Grocery without a registration.
 3. The pricing peer group shall be used for purposes of determining whether a vendor applicant meets the pricing requirements of the program and whether current retail vendors are exceeding the state price for the peer group they are in.

For vendor applicants, each applicant's food prices will be used in the pricing peer group process. The vendor applicant will be reviewed by using the projected total food sales listed on the WIC-11 vendor application to determine which peer group they store will fall into. If the vendor applicant's store prices exceed the State's maximum food price limit or are more than 10% over the average price for the peer group's identified food packages, the application will not be approved.

The applicant will be informed that they have failed to meet the program's

selection criteria. The vendor applicant may then adjust their pricing and reapply after 180 days.

If the vendor is awarded a WIC Authorization Contract, after six months, the retail vendor would have its peer grouping status re-evaluated. Using an extrapolation of the monthly average of the retail vendor's WIC sales WICNS will determine whether the vendor's current peer grouping needed to be changed.

4. The applicant must be open during normal retail business hours for that location and must be open a minimum of five (5) days per week between 8:00a.m. and 6:00 p.m. each day.
5. The applicant's inventory must meet the minimum stock defined in the Vendor Authorization Contract.
6. The applicant must have a positive sanitation history as evaluated under the Department's current food establishment regulations.
 - a. A negative sanitation history includes but is not limited to:
 - i. Temporary closings due to unsanitary conditions.
 - ii. Current or unmet work order for corrective action.
 - iii. On the most current sanitation inspection, non-compliance with the then current food establishment regulations in five (5) or more "critical control points".
7. The applicant must be primarily in the grocery or pharmacy business at that location, or if a combination store, must have a grocery area designated which complies with the provisions of this policy.
8. The Department reserves the right to make exceptions to these criteria to resolve situations of inadequate participant access.

FY 2005 MISSOURI WIC STATE PLAN

REVISED POLICIES AND PROCEDURES

OTHER FNS GUIDELINES

**EXCLUSIONS OF THE EARNED INCOME TAX CREDIT
(EITC) FROM INCOME ELIGIBILITY DETERMINATIONS
INCOME EXCLUSIONS**

AND

**TREATMENT OF MEDICARE PRESCRIPTION DRUG
CARD**

Administration Volume
Certification Section

Income Exclusions (3.02000)

ER# 3.02000

Authority CFR 246.7(d)(2)(iv,v) & FNS Instr. MPSF-1:WC-92-22-P & H.B. 330,
WC-01-07-P, WC-03-18-P, WC-03-31-P, WC-04-27-P

Issued 9/90

Revised 10/04

POLICY: The local agency shall not count as income anything excluded by federal regulations.

PURPOSE: To define what is not considered income in determining WIC income eligibility.

PROCEDURES:

- A. Non-cash income or benefits will not be considered income by the local agency.
- B. The local agency shall not count as income the following.
 - 1. The value of:
 - a. In-kind housing or other benefits.
 - b. Bartered services.
 - 2. Housing allowances for military service personnel:
 - a. The basic allowance for housing (BAH) received by military families, living in the United States. This includes payments for both off-base housing and for privatized on-base housing.
 - b. Family separation housing (FSH) provided to military personnel in overseas housing with military families continuing to receive BAH in the United States.
 - c. Overseas housing allowance (OHA) provided to military personnel living overseas.
 - 3. The cost of living allowance the family receives when the military member is assigned and lives overseas, but the family (participant) lives within the United States. This is referred to as overseas continental United States cost-of-living allowance (OCONUS COLA). Refer to ER# 3.01900 for continental U.S. allowance (CONUS COLA).
 - 4. Volunteer payments through:
 - a. Title I and II of the Domestic Volunteer Service Act of 1973 (VISTA and others, and RSVP, SCP, foster grandparents and others).
 - b. Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE).

5. Payments through:
 - a. The Job Training Partnership Act (JTPA).
 - b. Summer youth employment and training programs (SYETP).
 - c. Programs for Native Americans.
 - d. Migrant and Seasonal Farmworkers Program.
 - e. Veterans Employment Programs.
 - f. Job Corps.
 - g. HUD rent subsidies.
 - h. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended in 1987. This is for persons displaced from their homes by federal or state projects.
 - i. The Civil Liberties Act of 1988 (Japanese internment camps).
 - j. Dislocated worker programs.
 - k. The prescription drug discount card program.
6. Cash stipend from the Division of Mental Retardation & Developmental Disabilities for purchasing goods & services for a family member with a developmental disability.
7. The value of assistance to children or their families under the:
 - a. National School Lunch Act.
 - b. Child Nutrition Act of 1966 (Special Milk, School Breakfast, Summer Food Service, and Child & Adult Care Food Programs).
 - c. Food Stamp Act of 1977.
8. Benefits received through childcare grant programs under:
 - a. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act. These include these programs operated through Family Services.
 - i. Transitional Child Care (At-Risk) program.
 - ii. Futures (JOBS) program.
 - b. Childcare and Development Block Grant.
9. Student financial assistance which meets all the following criteria.
 - a. Used to pay for costs of attending the institution at least half time, but not for room and board or dependent care. Institutional attendance costs include:
 - i. Tuition and fees.
 - ii. Books and supplies.

- iii. Transportation.
 - iv. Miscellaneous personal expenses for the student.
 - b. Provided through any of the following under Title IV of the Higher Education Act of 1965:
 - i. Pell Grants.
 - ii. Supplemental Educational Opportunity Grant.
 - iii. Stafford Loans.
 - iv. Perkins Loans.
 - v. PLUS Loans/Supplemental loans for students.
 - vi. College Work Study.
 - vii. Byrd Honor Scholarship programs.
- 10. Tax refunds:
 - a. Federal tax refunds
 - b. State tax refunds
 - c. Earned Income Tax Credit (EITC), federal and/or state
- 11. Gifts periodically given.
- 12. Loans of any kind which must be repaid.
- 13. Reimbursements for expenses incurred such as:
 - a. Business expenses.
 - b. Medical bills.
- 14. Lump sum payments or large cash settlements received by family (economic unit) as reimbursements for lost assets or injuries. For other cash income, Refer to ER# 3.01900, "Income Inclusions".
- 15. Other income related to payments to Native Americans, including:
 - a. From certain submarginal land of the U.S. which is held in trust for certain Indian tribes.
 - b. From the disposition of funds to the Grand River Band of Ottawa Indians.
 - c. Under the Alaska Native Claims Settlement Act.
 - d. To the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.
 - e. To the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Main Indian Claims Settlement Act of 1981.

FY 2005 MISSOURI WIC STATE PLAN

REVISED POLICIES AND PROCEDURES

NEW AND REVISED WIC CERTIFIER POLICIES

FY2004 WOM Definitions

Health Professional Assistant (HPA) – an individual who is trained to assist the competent professional authority or **WIC certifier** by performing specific functions or duties. An HPA may have formal education...

Add:

WIC certifier – an individual who is trained to certify participants for eligibility into the WIC Program, including assignment of risk factor(s), provide initial nutrition education, and prescribing standard food packages. A WIC certifier may have formal education, but must have a high school degree or a GED and have successfully completed the state required training.

Volume: Nutrition and Health
Section: Management
Topic: Local Agency Nutrition Personnel: WIC Certifier
ER#: ER# 2.01650
Authority: 2004 7 CFR 246.2
Issued: 10/04 (NEW)
Revised:

POLICY: The local agency may use a trained paraprofessional (WIC Certifier) to complete the certification process. Under the supervision of the WIC Nutrition Coordinator, a trained paraprofessional will implement the State approved criteria and procedures to assess and document applicants eligibility for the WIC Program. Successful completion of State approved training must occur within six months of being hired or being designated as a WIC Certifier.

PURPOSE: To assure WIC participants receive accurate and complete assessment as part of the certification process.

PROCEDURES:

- A. Examples of work performed as overseen by the WIC Nutrition Coordinator, the WIC Certifier: (Any one position may not include all of the duties listed)
1. Obtains height/length, head circumference and weight measurements, hemoglobin/hematocrit values, oral inspections, dietary intakes and other necessary medical and/or nutritional information to certify WIC participants.
 2. Plots weight, height/length and head circumference measurements on appropriate growth charts and prenatal weight gain charts.
 3. Explains the initial plotted measurement on the infant/child's growth chart and/or prenatal weight gain chart in relation to appropriate references. **NOTE: interpretation of the growth chart and/or prenatal weight gain chart as it relates to potential nutritional/health-related concerns is the responsibility of the CPA or Nutritionist.**
 4. Enters data on the appropriate WIC Certification forms and/or HANDS screens.
 5. Determines medical/nutritional eligibility by assigning risk factors and explains the certifying risk factor(s) to the participant.
 6. Prescribes appropriate WIC food package in accordance with federal/state regulations. See procedure "B" for exclusion, i.e. Exempt Formula.
 7. Refers all breastfeed infants receiving supplemental formula to a CPA for counseling and food package prescription.
 8. Performs the change of category or recertification procedure on a breastfeeding woman who is changing to a non-breastfeeding category; **after** the CPA has counseled the WIC participant on nutritional needs and determined appropriate food package. (see ER 2.12000)
 9. Provides all aspects of the initial education. (see ER 2.06000)

10. Coordinates with other agency staff, per the direction of the WIC Nutrition Coordinator, to provide the WIC program explanation to the participant. (see ER 2.03200 and 3.03600).
11. Refers participants to appropriate social, health and/or nutrition services.
12. Identifies participants with special nutrition needs, exempt formula needs, and refers them to the local agency nutritionist for nutrition counseling and food package assignment.
13. Issues food instruments in accordance with State policy.
14. Determines if participant is high-risk and schedules next appointment appropriately.
15. If not high risk schedules the participant's next appointment with the CPA or Nutritionist. CPA or Nutritionist **must** provide second nutrition education contact.
16. Participates in community outreach efforts as assigned by the local nutrition coordinator.
17. Performs other duties, HPA and clerical only, as assigned by supervising Nutrition Coordinator. (see ER 1.01400 & 2.01700)

B. WIC Certifier is **not** allowed to:

1. Counsel participants on health or nutrition-related information other than the initial nutrition education. (see ER 2.05900)
2. Provide individual high-risk nutrition education, exit counseling, nor develop a high-risk nutrition care plan. (see ER 2.02900, 2.10200 and 2.06500)
3. Prescribe the following food packages, Exempt Formula, prorated, tailored and woman or child with special dietary needs and homeless. Participant must be referred to a CPA for appropriate counseling and food package determination. (see ER 2.07000, 2.08500, 2.08700, 2.08000, 2.08100, 2.08200, 2.08300 and 2.08400)
4. Prescribe supplemental formula for a breastfed infant. Participant must be referred to a CPA for determination of amount and appropriate counseling. (see ER 2.07600)
5. Function independently of a supervising WIC Nutrition Coordinator.

C. Required Training:

1. Successful completion of State approved training. Distinction is made during training as to CPA functions vs. WIC Certifier functions, as addressed in Procedure A & B of this policy.
2. Refer to ER 2.01300 for training resources and/or training opportunities provided by the State agency.
3. Refer to ER 2.02100 for required training for each new employee and timeframes for completion of training(s), or refresher training for returning or current local agency staff.

D. Required Knowledge, Skills and Abilities:

1. Skill in obtaining accurate anthropometric and hematological (anemia screening) measurements, and dietary intakes of participants.
2. Ability to accurately plot growth charts and or prenatal weight grid.
3. Ability to accurately record medical data and document nutrition services in the participant's file.
4. Ability to accurately assign all applicable risk factors based on medical, health and nutrition assessment.
5. Skill in planning and organizing work assignments.
6. Commitment to customer service.
7. Ability to establish and maintain effective working relations with WIC participants, WIC team members and other health and social services personnel.
8. Ability to work under the close supervision of a WIC Nutrition Coordinator.

E. Appropriate position to be supervised by: WIC Nutrition Coordinator

F. Appropriate position to supervise: none

G. Ideal Qualifications:

1. Education: Some credits earned in a nutrition-related allied health program.
2. Experience:
 - a. Six months experience as a WIC Health Professional Assistant (HPA)
 - b. Two years experience in a community health nutrition program.

H. Minimum Qualifications:

1. Education:
 - a. High school diploma or equivalency.
 - b. Successful completion of the State required training within 6 months of hire date or assignment of duties.
2. Experience: Experience in a community nutrition program.

General Volume
Funding Accountability Section
Local Agency Outside Contracting (1.04800)

ER# 1.04800

Authority 2004 7 CFR 246.6(d)&(f), FOM Std. 9 & Public Law 101-147, MPSF-1:WC-90-37-P

Issued 10/90

Revised 10/04

POLICY: The local agency may enter into contracts with individuals, other health agencies (including hospitals) or other entities to provide WIC services.

PURPOSE: To define what items shall be considered when contracting.

PROCEDURES:

- A. The local agency may contract with an individual to provide staff functions. When this is done, the agency shall assure that:
1. The individual meets the requirements for the specific position he/she will fill.
 2. The contract includes, at a minimum, the following items:
 - a. Amount of monetary compensation including all of the following:
 - i. Hourly rate.
 - ii. Fringe benefits, if any.
 - iii. Salary increases to be expected, if any.
 - b. Clearly written job responsibilities.
 - c. Amount of time the position will be needed monthly.
 - d. For a nutritionist, a total of one day per month (approximately) should be set aside for the following responsibilities:
 - i. Planning for nutrition education,
 - ii. Continuing education (in-services, conferences, etc.),
 - iii. Consultation with the district state nutritionist, and
 - iv. Development and evaluation of the nutrition portion of local agency plan.
 - e. Probationary period, if applicable.
 - f. Performance reviews.
 - g. Expenses to be reimbursed. Mileage may be charged to WIC if approved by the State agency and reimbursed at the local agency rate.
- B. The local agency may contract with other local agencies to provide services

requiring a nutritionist. When this is done:

1. One agency must assume the administrative responsibility for the nutritionist.
 2. The administrative agency will contract with the other local agencies that will be sharing the nutritionist's time. That contract should include all of the following:
 - a. How many hours will be spent at which location.
 - b. How the nutritionist will be paid using one of the following options:
 - i. Each agency will pay the administrative agency for the cost of the nutritionist's actual time spent at the agency.
 - ii. Each agency will pay the nutritionist directly according to the time spent in the agency. With this option, how costs for conferences and in-services will be covered must be included.
 - c. The amount and timing of salary increases, if any.
 - d. How travel expenses incurred by the nutritionist will be handled. (See A.2.g. above.)
 - e. How performance evaluations will be conducted.
 - f. How disciplinary actions will be handled.
 - g. Termination procedures for terminating the contract with the nutritionist or the other local agency(s) within the contract period, if needed.
- C. The local agency may contract with other health agencies (including hospitals) to provide certification functions. When this is done:
1. The local agency shall develop a contract that includes, at a minimum, the following items:
 - a. Definitions of types of staff (CPAs/**WIC Certifiers**/HPAs) required to provide certification functions.
 - b. Definitions of the types of services to be provided.
 - c. Method, amount, and time frames for payment of services.
 - d. Method and time frames for reporting.
 - e. Regulations the contracting agency must follow.
 - f. Documentation and retention of information requirements.
 - g. Monitoring requirements of both the local agency and the contracted agency which include all of the following that the local agency must do:

- i. Conduct a full monitoring every other year and a partial monitoring or a consultant/training visit during the years when a full monitoring is not conducted for each contracted agency.
 - ii. Monitor based on guidelines provided by the district state nutritionist using an approved form.
 - iii. Send the contracting agency a copy of the monitoring report identifying problem areas and recommended solutions within 30 days of the monitoring visit.
 - iv. Require a response to the monitoring report and recommendations within 30 days.
 - v. Follow-up an unsatisfactory response to the monitoring report within 30 days of receipt of the response.
 - vi. Submit a copy of the monitoring report and the contracting agency response to the district WIC staff and keep a copy of the report and the response on file.
 - vii. Provide follow-up to assure problem resolution if a problem is noted during a consultant/training visit.
 - viii. Investigate any participant complaint regarding the contracted certifying agency.
- h. Training responsibilities of both the local agency and the contracted agency which include all of the following:
 - i. The local agency will provide training as requested or needed by the contracted agency.
 - ii. The local agency will document the dates and the attendees of the training sessions held. Retain information on file for monitoring purposes.
 - iv. The local agency should provide funds for at least one representative of the contracted certification agency to attend the biennial WIC Conference.
 - v. The contracted certification agency will attend and participate in the training sessions provided.
- i. How monitoring and training responsibilities will be shared when two local agencies contract with the same certification agency, if applicable.
- j. Rights and responsibilities of the contracted agency in relation to WIC.
- k. A statement assuring that the contracted agency will not charge WIC participants for any WIC service provided.

2. The local agency shall assure that contracts are signed and dated by both parties no later than the end of the first month of the fiscal year for which the contracts are applicable. Copies of current contracts shall be kept on file at the local agency.
 3. The local agency will maintain an up-to-date list of contracted agencies and submit this list annually to the district WIC staff. All changes in the list must also be submitted to the team.
 4. The local agency shall notify the contracted agencies in writing within 20 days of all program changes related to certification.
 5. The local agency must maintain agreements in writing with other local agencies when shared monitoring or training responsibilities with the same contracted agency are desired. This agreement must be made known to the WIC state agency.
 6. The local agency must submit a copy of all correspondence between itself and the contracting agency to the district WIC staff.
- D. The local agency may use facilities that are not local agency owned to deliver WIC services (e.g. satellite clinics).
1. When this is done, the local agency shall contract with the owner of that facility.
 2. The contract shall specify:
 - a. The responsibility of each agency regarding use, cleanliness, insurance, etc.
 - b. The monetary compensation, if any, which the contracting entity will receive.
 - c. The days and time when the facility will be available to the local agency.
 - d. The notice that will be given by either party before cancellation of the contract.
 - e. Other items considered necessary.
- E. The local agency may contract for interpretive services. The local agency may specify that the services will be on at needed only basis.
- F. All contracts shall be retained for audit.

Nutrition/Health Volume
Management Section

Topic Local Agency Nutrition Personnel: Nutrition Coordinator/ Nutritionist

ER# 2.01400

Authority 2004 7 CFR 246.11 (d)
Issued 1/81
Revised 10/04

POLICY: This professional is responsible for participating in the development and implementation of public health nutrition services in an assigned geographic area. Work involves coordinating all nutrition and breastfeeding* services provided to participants in assigned WIC clinics.

PURPOSE: To assure that WIC participants receive accurate nutrition assessments and appropriate nutrition education.

PROCEDURES:

- A. Examples of work performed (Any one position may not include all the duties listed.):
1. Responsible for planning and implementation of the nutritional components of the local WIC Program.
 2. Coordinates all nutrition and breastfeeding* services provided to participants.
 3. Oversees the health and nutrition education services provided by all health professional and para-professional staff (WIC certifier and HPA).
 4. Provides assistance to breastfeeding* women with special problems/concerns.
 5. Provides breastfeeding* education and support to all women participants, when possible.
 6. Provides and/or reviews lesson plans for all individual and group nutrition education including: Breastfeeding Promotion/Education* and Substance Abuse.
 7. Provides nutrition education and counseling for high-risk participants and documents the provision according to approved format.
 8. Provides technical assistance and consultation regarding nutrition and breastfeeding* services to other local agency staff and professionals in the community.
 9. Plans and evaluates the nutrition and breastfeeding* component using various health/nutrition data available from the state agency and the Centers for Disease Control (CDC).
 10. Participates in conducting studies and surveys of the relationship of dietary factors to health and disease, including compilation of data and interpretation of results.
 11. Provides consultation, as requested, in the development and evaluation of educational material/visual aids used in the nutrition education of individuals,

students, public health staff, community groups, etc. Provides recommendations for improvement of such materials, as requested.

12. Approves exempt (special) formulas in accordance with state agency policies and procedures.
13. Obtains height/length, head circumference, weight measurements, hemoglobin/hematocrit values, oral inspections, dietary intakes and other necessary medical and/or nutritional information to certify WIC participants.
14. Plots weight, height/length and head circumference measurements on appropriate growth charts and prenatal gain-in-weight grids.
15. Enters certification data on the appropriate WIC certification form or keys the certification data directly into HANDS.
16. Determines medical/nutritional eligibility by assigning risk factors and explaining the certifying risk factors to the participant.
17. Prescribes appropriate supplemental foods in accordance with federal/state regulations.
18. Provides relevant health/nutrition information and referral services for specific participants.
19. Prepares reports, records and other data related to nutritional services.
20. Evaluates the appropriateness of nutrition-related pamphlets/fact sheets and audiovisuals for use in the Missouri WIC Program according to established criteria.
21. Performs other duties pertaining to nutrition education and certification activities as assigned by the supervisor.
22. Assures that the Self-Teaching Training Manual case studies completed by local agency CPA/**WIC Certifier**/HPA are reviewed, as appropriate.
23. Performs supervisory duties as assigned.

B. Health professional staff that certifies a WIC applicant/participant for benefits should not, on a regular basis, issue food instruments for the same applicant/participant throughout the entire certification period. Refer to ER# 3.04800 and ER# 3.04900.

C. Required Knowledge, Skills and Abilities:

1. Working knowledge of the principles and practices of nutrition and food, particularly in relation to health and disease.
2. Some knowledge of current developments in public health nutrition and their application to the local nutrition program.
3. Some knowledge of social, cultural and economic problems and their impact on public health nutrition.

4. Some knowledge of the general organization and function of public health agencies.
5. Ability to effectively develop or use educational materials for the nutrition education of individuals and groups.
6. Ability to gather, interpret, evaluate and use statistical data.
7. Ability to present ideas clearly and concisely, orally and in writing.
8. Ability to establish and maintain effective working relationships with WIC participants, WIC team members and other health and social services personnel.
9. Maintains a courteous and respectful attitude toward all participants in the WIC Program.

C. Minimum Qualifications/Education:

1. Graduation from an accredited four-year college or university with a bachelor's degree in public health nutrition, dietetics, nutrition, foods, home economics, or closely related field, including or supplemented by at least 15 semester hours in foods and nutrition including at least 1 course in diet therapy and 1 course community nutrition; or
2. A master's degree in public health nutrition, human nutrition, nutrition education, or dietetics; including or supplemented by at least 15 graduate or undergraduate semester hours in foods and nutrition including at least 1 course in diet therapy and 1 course in community nutrition; or
3. Completion of an undergraduate curriculum accredited or approved by The American Dietetic Association (registration or current eligibility for registration by the Commission on Dietetic Registration).

*Breastfeeding activities can be delegated to another person in the local agency designated as the Breastfeeding Coordinator.

Nutrition/Health Volume
Management Section

Local Agency Nutrition Personnel: Competent Professional Authority (CPA)
(2.01500)

ER# 2.01500

Authority 2004 7 CFR 246.2 & CFR 246.6 (b) (2)
Issued 4/95
Revised 10/04

POLICY: This professional is responsible for obtaining the data needed for the certification process and for providing health counseling for all participants and nutrition education for low risk participants. Staff performing CPA functions must attend training provided by the state agency within 6 months of being assigned to these duties.

PURPOSE: To assure that WIC participants receive accurate and complete nutrition assessments and appropriate nutrition education.

PROCEDURES:

- A. Examples of work performed: (Any one position may not include all of the duties listed.)
1. Obtains height/length, head circumference and weight measurements, hemoglobin/hematocrit values, oral inspections, dietary intakes and other necessary medical and/or nutritional information to certify WIC participants.
 2. Plots weight, height/length and head circumference measurements on appropriate growth charts and prenatal gain-in-weight grids.
 3. Enters certification data on the appropriate WIC certification form or keys the certification data directly into HANDS.
 4. Determines medical/nutritional eligibility by assigning risk factors and explains the certifying risk factors to the participant.
 5. Prescribes appropriate supplemental foods in accordance with federal/state regulations.
 6. Provides relevant health/nutrition information and referral services for specific participants.
 7. Identifies participants with special nutrition needs, initiates a care plan and refers them to the local nutritionist for nutrition counseling.
 8. Acts as the Breastfeeding Coordinator if assigned by the local agency.
 9. Approves exempt (special) formulas in accordance with state agency policies and procedures.
 10. Performs supervisory duties, as assigned.

A Competent Professional Authority who does not meet the requirements for nutritionist must refer high-risk participants to the local agency nutritionist for nutrition counseling.

- B. Health professional staff that certifies a WIC applicant/participant for benefits should not, on a regular basis, issue food instruments for the same applicant/participant throughout the entire certification period. Refer to ER# 3.04800 and ER# 3.04900.
- C. Required Knowledge, Skills and Abilities:
 - 1. Skill in accurately obtaining and analyzing anthropometric measurements and dietary intakes of participants.
 - 2. Skill in planning and organizing work assignments.
 - 3. Commitment to customer service.
 - 4. Ability to establish and maintain effective working relations with WIC participants, WIC team members and other health and social services personnel.
 - 5. Some knowledge of the principles and practices of nutrition and food, particularly in relation to health and disease.
 - 6. Some knowledge of social, cultural and economic problems and their impact of public health concerns.
 - 7. Some knowledge of the general organization and function of public health agencies.
 - 8. Ability to effectively use educational materials for nutrition education of individuals and groups.
- D. Appropriate positions **to be supervised by**: Local Agency Administrator, WIC Director, and WIC Nutrition Coordinator.
- E. Appropriate positions to supervise: WIC HPA
- F. Minimum Qualifications:
 - 1. Education: Qualified Nutritionist, Registered Dietitian (RD), Registered Nurse (RN), Physician or Dietetic Technician, Registered (DTR).
 - 2. Experience: Community health experience is desirable.

Nutrition/Health Volume
Management Section

Topic Local Agency Nutrition Personnel: Health Professional Assistant (HPA)

ER# 2.01700

Authority 2004 7 CFR 246, FOM Stnd. 4
Issued 11/88
Revised 10/04

POLICY: Under the technical supervision of the WIC-CPA, this paraprofessional assists in obtaining the data needed for the certification process. Training by the WIC State agency must be completed prior to performance of duties.

PURPOSE: To assure that health professional assistants are appropriately trained and supervised.

PROCEDURES:

- A. Examples of work performed in the WIC clinic: (Any one position may not include all of the duties listed.) Under the direction of the supervising WIC CPA, the HPA:
1. Assists the local CPA or WIC Certifier in certifying WIC participants by obtaining and accurately recording height/length, head circumference and weight measurements, hemoglobin/hematocrit values, dietary intakes and other necessary medical and/or nutritional information. Assists the local CPA or WIC Certifier in the promotion of breastfeeding as the preferred method of feeding. Assists the local CPA or WIC Certifier in obtaining and recording information regarding dental health.
 2. Plots weight, height/length and head circumference measurements on appropriate growth charts and prenatal weight gain charts.
 3. Enters certification data on the appropriate WIC certification form or keys the certification data directly into HANDS.
 4. Refers participants to social services and health/nutrition services.
 5. Explains program eligibility requirements and participant's rights and obligations.
 6. Informs participants about the benefits and services of the WIC Program.
 7. Instructs participants on food instrument issuance/redemption procedures.
 8. Schedules participants for group education and individual counseling.
 9. Maintains a courteous and respectful attitude towards all participants in the WIC Program.
 10. Participates in community outreach efforts as assigned by the local CPA.
 11. Attends staff and inservice training sessions.
 12. Performs other related duties to facilitate the certification of participants as requested by the supervising CPA.

B. HPA's are **not** allowed to perform the following functions.

1. Determine participant eligibility for WIC participants.
2. Develop nutrition care plans for high-risk participants or provide individual high-risk nutrition counseling.
3. Prescribe or tailor food packages.
4. Counsel participants on health issues.
5. Function independently of a supervising CPA.

C. Required Knowledge, Skills and Abilities:

1. Skill in obtaining accurate anthropometric measurements and dietary intakes of participants.
2. Demonstrated ability to accurately record medical data and document nutrition services in the participant's file.
3. Skill in planning and organizing work assignments.
4. Commitment to customer service.
5. Ability to establish and maintain effective working relations with WIC participants, WIC team members and other health and social services personnel.
6. Ability to work under the close supervision of a CPA.

D. Appropriate positions to be supervised by: WIC Competent Professional Authority (CPA).

E. Appropriate positions to supervise: None

F. Ideal Qualifications:

1. Education: Some credits earned in a nutrition-related allied health program.
2. Experience: Two years of experience in a community health nutrition program is desirable.

G. Minimum Qualifications:

1. Education:
 - a. High school diploma or equivalency.
 - b. Successful completion of an established WIC paraprofessional training program within 6 months of employment.
2. Experience: Experience in a community nutrition program desirable.

Nutrition/Health Volume
Certification Section

Topic Personnel Authorized to Determine Nutritional Risk

ER# 2.02600

Authority 2004 7 CFR 246.2
Issued 1/81
Revised 10/04

POLICY: A competent professional authority (CPA) or State trained WIC Certifier on the staff of the local agency shall be responsible for determining nutritional and or medical risk.

PURPOSE: To assure that nutritional/medical risks are being determined by qualified staff.

PROCEDURES:

- A. The CPA or WIC Certifier will determine the nutritional and or medical risk(s) of all applicants to the program.
- B. Health professional assistants (HPA) (paid or volunteer) may assist with the certification process provided that:
 1. The HPA is under the direct supervision of a CPA.
 2. The HPA does NOT assign risks factors, determine participant eligibility, prescribe and or tailor food packages, develop nutrition care plan or counsel high risk participants; and
 3. The HPA has attended the State required training.

Nutrition/Health Volume
Certification Section

Risk Factor C8 (Dental Problems) (2.03900)

ER# 2.03900

Authority 2004 7 CFR 246.7(e)
Issued 1/82
Revised 10/04

POLICY: Risk factor C8 (Dental Problems) shall be assigned to participants who have qualifying dental risks.

PURPOSE: To identify participants who have specific oral problems.

PROCEDURES:

A. The CPA/**WIC Certifier**/HPA* must assess for risk factor C8 by either performing an oral inspection or asking questions that cover all possible dental risk conditions listed in B. below, such as:

1. Have you (or your infant/child) visited a dentist within the past 12 months? If no, continue with questions number 2 through 4, below, as appropriate.
 - a. If yes, did the dentist indicate any dental problem?
 - b. If no, no further assessment is needed, except for prenatal women and infants.
 - i. For prenatal women, ask question number 4 below to screen for gum infection of pregnancy.
 - ii. For infants, ask question number 2 below to screen for baby bottle tooth decay.
2. Do you (or your infant/child) have tooth decay (including baby bottle tooth decay**), broken teeth, bleeding gums, gum infection,*** missing teeth and/or misplaced teeth that make chewing difficult?
3. Do you (or your child) avoid certain foods that you would otherwise eat, or choose softer foods, because of chewing problems?
4. For pregnant woman only: Do your gums feel swollen, sensitive, bleed easily or have a reddened appearance?

B. Assign risk factor C8 if any of the following exist:

1. There is diagnosis of dental problems by a dentist, physician or a health care provider working under the orders of a physician.
2. Baby bottle tooth decay (also known as nursing caries or early childhood caries) is present in infants and children.
3. Tooth decay, broken teeth, gum infection, tooth loss and/or ineffectively replaced teeth that impair the ability to chew food in adequate quantity or

quality are present in women and children.

- 4. Gum infection of pregnancy is present in pregnant women.
- C. Document risk factor assessment on the certification form.
- D. Refer to dental health care provider, if needed.

*The risk factor can be assessed by the HPA, but will be assigned by the CPA or WIC Certifier.

**Baby bottle tooth decay, also known as nursing caries or early childhood caries, is evidenced by several upper front teeth and/or baby molars with stained, broken down areas on smooth surfaces.

****Gum infection is evidenced by swollen, red, bleeding and inflamed gums.*

Nutrition/Health Volume
Certification Section

Risk Factor D2 (Infant Dietary Risks) (2.04750)

ER# 2.04750

Authority 2004 7 CFR 246.7(e)(2)(iii)
Issued 3/99
Revised 10/04

POLICY: Risk Factor D2 (Infant Dietary Risks) shall be assigned to infants if the assessment shows inappropriate infant feeding practices.

PURPOSE: To provide criteria for assuring the consistent assignment of risk factor D2 throughout the Missouri WIC Program.

PROCEDURES:

- A. The CPA or WIC Certifier will evaluate a completed Nutrition Assessment for Infants (NPE 19) to determine if the following practices are occurring:
1. The fully breastfed infant (i.e., NOT consuming any solid foods) who is routinely taking:
 - a. < 8 feedings in 24 hours if < 2 months of age, or
 - b. < 6 feedings in 24 hours if ≥ 2 months of age
 2. Routine use of any of the following:
 - a. Infant not fed breastmilk or iron-fortified infant formula as **primary source** of nutrients during first 6 months of life and as primary fluid consumed during the second 6 months of life (includes infants prescribed low iron formula without iron supplementation).
 - b. Feeding goat's milk, sheep's milk, imitation milks, or substitute milks **in place of** breastmilk or FDA-approved infant formula during the first year of life.
 - c. Feeding whole, low-fat, reduced-fat, skim, or non-fat milk (fresh, canned evaporated or sweetened condensed) before the first birthday.
 - d. Late introduction of solids: failure to introduce solids by 7 months of age.
 - e. Not using a spoon to introduce and feed early solids.
 - f. Infant not beginning to finger feed by 7-9 months.
 - g. Feeding solids in a bottle (including enlarging the nipple to accommodate thickened liquid).
 - h. Using a syringe-action nipple feeder.

- i. Feeding foods of inappropriate consistency, size, or shape that put the infant at risk of choking.
 - j. Inappropriate, infrequent or highly restrictive feeding schedules or forcing an infant to eat a certain type and/or amount of food.
 - k. Feeding any amount of honey to infant under 1 year of age (added to liquids or solid foods, used in cooking or on a pacifier)
- 3. Addition of solid food(s) into the daily diet before four (<4) months of age.
- 4. A dependable source of iron not being provided by six months of age, such as:
 - a. Iron-fortified cereal
 - b. Iron-fortified infant formula (at least 10mg of iron per liter of formula prepared at standard dilution)
 - c. Meats
 - d. Iron supplement
- 5. Routine overdilution or underdilution of formula or failure to follow manufacturer's dilution instructions or specific instructions accompanying a prescription.
- 6. Infants routinely consuming foods low in essential nutrients and high in calories, or caffeine-containing foods or beverages that replace or are in addition to age-appropriate nutrient dense foods needed for growth and development. This includes excessive feeding of water.
- 7. Lack of knowledge or access to facilities to assure that water, bottles, and nipples used for feeding infants have been properly sanitized. This includes:
 - a. No access to a safe water supply or stove for sterilization.
 - b. Limited or no access to a refrigerator or freezer (for example, if expressed breastmilk is to be stored for more than 1-2 days or for holding opened or prepared infant formula).
 - c. Failure to practice appropriate sanitation techniques in preparing bottles.
 - d. Failure to properly handle prepared formula, such as:
 - i. Feeding formula held at room temperature longer than 2 hours or longer than recommended by the manufacturer;
 - ii. Feeding prepared formula held in refrigerator longer than 48 hours; and
 - iii. Feeding prepared formula which has remained in a bottle one hour after the start of feeding; and/or

- iv. Re-feeding formula remaining from an earlier feeding.
- e. Failure to properly handle or store expressed breastmilk, such as:
 - i. Feeding fresh breastmilk held in the refrigerator for more than 72 hours,
 - ii. Adding fresh breastmilk to already frozen breastmilk in a storage container,
 - iii. Feeding previously frozen breastmilk thawed in the refrigerator that has been refrigerated for more than 24 hours, and/or
 - iv. Saving breastmilk from a used bottle for use at another feeding.

NOTE: Although there are variations in the recommended time lengths for breastmilk to be held at room temperature or stored in the refrigerator or freezer, safety is more likely to be assured by using the more conservative guidelines.

- B. If any of the above practices are occurring, assign risk factor D2.

Nutrition/Health Volume
Certification Section

Risk Factor D4 (Inappropriate Use of Bottle: Infants & Children) (2.04850)

ER# 2.04850

Authority 2004 7 CFR 246.7(e)(2)(iii)
Issued 3/99
Revised 10/04

POLICY: **Risk factor** D4 (Inappropriate Use of Bottles) shall be assigned to infants and children who are assessed with inappropriate use of bottles.

PURPOSE: To provide consistent guidelines for determining criteria for assignment of risk factor D4 for infants and children.

PROCEDURES:

A. For Infants and Children through 14 months of age:

The CPA or **WIC certifier** will evaluate the completed Nutrition Assessment for Infants (NPE 19), the Dietary Intake Form for Children (NPE 18), or the FFQ for Children to determine:

1. Is the bottle routinely used to feed liquids other than breastmilk, formula or water? (Look for a pattern). These liquids include:
 - a. Fruit juice
 - b. Soda
 - c. Soft drinks
 - d. Gelatin water
 - e. Corn syrup solutions
 - f. Milk (consider age of child - would be appropriate for 1 year old)
 - e. Other sugar-containing beverages
 - g. Diluted cereal or other solid foods
2. Is the infant/child allowed to fall asleep at naps or bedtime with the bottle?
3. Is the infant/child allowed to use the bottle without restriction (e.g., walking around with a bottle), or as a pacifier?
4. Is the infant/child fed from a bottle that is propped?

If the answer is yes for any of the above questions, assign risk factor D4.

B. For Children 15 months or older:

1. Does the child use a bottle for consumption of any liquids?
If yes, then assign risk factor D4.

Nutrition/Health Volume
Certification Section

Risk Factor E1 (Possibility of Regression) (2.04900)

ER# 2.04900

Authority 2004 7 CFR 246.7(e)(3)(vi)
Issued 1/95
Revised 10/04

POLICY: For participants who have been on the program within the last 60 days, risk factor E1 (Possibility of Regression) may be assigned to breastfeeding women and children a maximum of two consecutive times and postpartum women a maximum of one time, using the procedures stated below.

PURPOSE: To prevent nutritional regression for those participants whose status is suspect, and to provide guidelines for assigning risk factor E1 so that this risk is assigned consistently throughout the Missouri WIC Program.

PROCEDURES:

A. The CPA or **WIC certifier** must decide whether use of risk factor E1 is warranted.
The risk factor to which the participant may regress must also be documented in the participant's chart.

B. Ask the following items prior to assigning the regression risk factor the first time. All items must be answered "yes" in order to assign risk factor E1.

	Yes	No
1. Is the person still categorically eligible?	_____	_____
2. Was the person on WIC during the immediate past certification period? If the person missed his/her recertification appointment, is today's date within 60 days of the original recertification appointment?	_____	_____
3. Was the person on WIC during the last certification period for a risk factor other E1? (If no, see item C.)	_____	_____
4. The person has no other applicable risk factor.	_____	_____

C. Ask the following items prior to assigning the regression risk factor the second time. All items must be answered "yes" in order to assign risk factor E1.

1. Is the person still categorically eligible?	_____	_____
2. Was the person on WIC during the immediate past 6-month certification period? If the person missed his/her recertification appointment, is today's date within 60 days of the original recertification appointment?	_____	_____
3. FOR CHILDREN ONLY: When considering risk factor E1 for the second consecutive time, was the child on the WIC program for a risk factor other than E6 or E7 during the certification period prior to this	_____	_____

certification period? Risk factor E1 can only be assigned once to children who have had these risks (E6, E7) assigned to them within the past year.

RATIONALE: E6 & E7 are regression risk factors currently used in the Missouri WIC Program.

In order to not exceed using a regression risk factor more than the maximum of two consecutive certification periods, risk factor E1 can only be assigned once to children who have had these risks (E6, E7) assigned to them within the past year.

4. The person has no other applicable risk factor.

Nutrition/Health Volume
Nutrition Education Section

Initial Nutrition Education Contact (2.06000)

ER# 2.06000

Authority 2004 7 CFR 246.11(e)(1) & FOM Std. 4
Issued 1/81
Revised 10/04

POLICY: All participants will be provided the "initial nutrition education contact" at each certification or recertification visit.

PURPOSE: To assure that appropriate nutrition education is provided to all WIC participants

PROCEDURES:

- A. The "initial nutrition education contact" must be provided in part by the CPA or WIC certifier and shall include, at a minimum, explanations of the following:
1. WIC as a supplemental food and nutrition education program
 2. The importance of early prenatal health care and/or the continuity of health care for infants and children; this is to include appropriate referrals to other DHSS programs and/or community resources.
 3. Provide substance abuse information and referral. An up-to-date list of local resources for drug and other harmful substance abuse counseling and treatment will be provided to all eligible persons applying for and participating in the Missouri WIC Program. Drug abuse information can be provided using the *LifeLines* video or resources provided in the in-service packet for comprehensive substance abuse services.
 4. The reason for the participant's eligibility with reference to his/her specific risk factor(s) for the current certification period.
 5. The nutritive value of the WIC food package.
 6. The WIC food package as a prescription to meet the participant's individual nutritional needs as a supplement to a complete, balanced diet.
 7. The advantages of breastfeeding for all prenatal participants unless contraindicated for health reasons.
 8. Refer to ER# 2.03200 for required items to explain to the participant about the program.

Nutrition/Health Volume
Section Food Package—K

Topic Guidelines for Food Issuance to Infants

ER# 2.07600

Authority 2004 7 CFR 246.10(c)(1, 2)
Issued 1/81
Revised 10/04

POLICY: Only foods listed below shall be issued to infants.

PURPOSE: To ensure that infants receive appropriate WIC foods during the first year of life.

PROCEDURES:

A. For breastfed infants:

1. Formula shall be issued only when the mother *requests* it.
2. Powdered formula shall generally be issued. If the breastfed infant is supplemented with more than 13 ounces per day, concentrate may be issued. (See ER# 2.06800.)
3. When formula is first issued, **the CPA** shall counsel the mother that formula supplementation may not be necessary and will decrease breastmilk production.
 - a. Determine the number of cans to issue based on the diet intake of the infant.
 - b. Explain proper preparation of the formula to the mother.
 - c. Explain to the mother that all mixed formula must be used within the timeframe as stated on the can.
4. As the mother request, assess the amount of supplemental formula needed by the infant according to ER# 2.08700. Changes in the issued amount of supplemental formula should be determined by the **CPA**.
5. The mother should be **instructed** to notify local agency if she discontinues breastfeeding before baby's 1st birthday.

NOTE: When the infant's food package changes - from receiving no formula to receiving formula and vice-versa - the mother's food package changes. See ER# 2.07900.

B. For formula-fed infants:

1. Issue iron-fortified, milk or soy-based formula in the powdered or concentrated form until the infant turns one year of age. The CPA or **WIC Certifier** shall:
 - a. Explain proper preparation of the formula to the guardian.
 - b. Explain to the guardian that all mixed formula must be used within the timeframe as stated on the can.
2. Issue **exempt** (special) formulas in accordance with ER# 2.07000.
3. Issue up to 128 ounces of powdered formula or 403 ounces of concentrated iron-

fortified formula (806 fluid ounces reconstituted).

C. For all infants:

1. DO NOT issue foods for an infant prior to the age specified below.
2. Issue ready-to-feed formula in accordance with ER# 2.06800.
 - a. A maximum of 25 thirty-two-oz. cans may be issued in instances where all the formula in a can will be used within 48 hours. Opened cans of formula must be covered and refrigerated.
 - b. If an opened thirty-two oz. can of formula will not be used within 48 hours, issue a maximum of 100 eight-ounce cans.
 - c. Instruct the guardian not to freeze formula, as a single freeze/thaw cycle may cause an extremely rapid decline in product quality.
3. At four months of age, issue 8 ounces of iron-fortified dry infant cereal. Encourage the use of rice, barley, and oatmeal cereals first. Mixed and high protein cereals should be used in the later months of the first year of life.
4. At five months of age and above, issue up to 16 ounces of iron-fortified dry infant cereal. Adjust the amount according to the infant's needs. Local agency nutritionists are to evaluate the infant's diet recall at the time of infant follow-up to tailor their food package or their need for additional cereal. Based on the infant's needs and readiness, additional cereal can be issued up to a maximum of 24 ounces. Documentation in the infant's chart for such need is required. Encourage the use of rice, barley, and oatmeal cereals first. Mixed and high protein cereals should be used in the later months of the first year of life.
5. At six months of age, issue up to 64 ounces of infant juice. **The CPA shall:**
 - a. Instruct the guardian to offer juice to the infant in a cup.
 - b. Counsel guardian on hazards of providing the juice in a bottle.
6. Emphasize that the foods are only for the participant to whom the food was issued. Tailor the food package in accordance with ER# 2.08700 and ER# 3.03700.

D. Refer to Guidelines for Issuing Standard Food Packages for a summary of food package contents to be issued to eligible participants.

Nutrition/Health Volume
Section Reports—L

Topic Nutrition Education Summary

ER# 2.09500

Authority 2004 7 CFR 246.26(b)(c)
Issued 10/90
Revised 10/04

POLICY: The local agency shall use the “Nutrition Education Summary” report (HWINE510-01) to determine what nutrition education topics were presented to which type of participant, the number of nutrition education topics presented per contact, the percentage of participants receiving inappropriate nutrition education contacts and the percentage of participants not receiving at least 2 nutrition education contacts per 6-month certification period.

PURPOSE: Used to monitor the provision of nutrition education by the local agency.

PROCEDURES:

- A. The WIC Certifier, CPA or Nutritionist shall provide the initial nutrition education. (See ER# 2.06000)
- B. A nutritionist or CPA must provide all other nutrition education, including the second nutrition education contact. (See ER# 2.01500 and 2.01400)
- C. The State agency will generate the “Nutrition Education Summary” report semi-annually from the Members of Household Nutrition Documentation Reports (Members of Household Nutrition Documentation) keyed into the HANDS system. Since this report relies solely on accurate data entered into the system, it is imperative that the information is entered without error.
- D. The State agency will send a copy of the report to the LA and the district WIC staff on a semi-annual basis.
- E. The local WIC provider shall review the report to determine if nutrition education topics were presented to the appropriate type of participant, if the number of nutrition education topics presented per contact was appropriate, and if participants received at least 2 nutrition education contacts per 6-month certification period. The report should also be reviewed to assess which topics were seldom or never used. The report should be reviewed upon receipt.
- F. The report shows all nutrition education code numbers with the number of prenatal, breastfeeding, and postpartum women, infants, and children who received information on specific contacts. The total number of active participants is included in the report. At the bottom of the report, the total duplicated participant count is listed. The number of nutrition education topics presented in a specified number of contacts is also provided. The report also includes the percentage of participants receiving inappropriate nutrition education contacts and the percentage of participants not receiving at least 2 nutrition education contacts per 6-month certification period (using terminated cert. records).

- G. The report reflects data from the time periods: June 1 - December 31 and January 1 - June 30.
- H. The “Nutrition Education Summary” report should be reviewed for management purposes and retained until next report is received.

Nutrition/Health Volume
Forms Section

Diet Intake Forms: Diet Intake for Females (11+ years) (NPE 16) (2.10500)

ER# 2.10500

Authority 2004 7 CFR 246.7(e)(2)(iii)
Issued 3/83
Revised 10/04

POLICY: The “Diet Intake for Females (11+ years)” will be used to assess the diet of a woman.

PURPOSE: To assure that the “Diet Intake for Females (11+ years)” form is completed correctly.

PROCEDURES:

- A. Fill in the participant’s name, age, category and trimester (if pregnant), your name, and the date the diet intake was obtained. A new diet intake form must be used for each intake obtained.
- B. Record each food or beverage consumed during a typical 24-hour period. Record the time the food or beverage was consumed, the amount that was consumed, the form of each food and how it was prepared (fresh, canned, frozen, fried, baked, boiled, steamed, etc.). This information will be helpful during the counseling process. Obtaining the amount and form (raw or cooked) of food is necessary to determine the number of servings consumed from each food group. The form may be completed by the participant. If completed by the participant, review (CPA, WIC certifier or HPA) the information thoroughly for completeness and accuracy.
- C. Record all vitamin and mineral supplements taken by the individual. Make sure to include both type and amount of the supplement.
- D. In the FOOD GROUP SUMMARY grid, write in the number of servings a particular food item provides in the column under the specific food group. Information on the amount of food which constitutes a serving is on the back of the form. Classify foods ONLY as indicated on the back of the form. If a food is not listed on the back of the form, classify the food according to the Food Guide Pyramid.
- E. Total the number of servings consumed in each food group and enter the amount under “SUMMARY: SERVINGS EATEN”.
- F. Determine whether the participant’s food intake is appropriate and adequate by comparing the number of servings eaten with the number of servings needed for the appropriate category, listed at the bottom of the form.
- G. Determine if the participant’s intake of “Vitamin C Foods” or “Dark Green” foods exceeds the number of servings needed. If the participant’s intake of these two food groups exceeds the number of servings needed, determine if any of the foods categorized in these two groups meet the requirements of another fruit/vegetable

group (Vitamin C Foods, Dark Green, or Other Fruits & Vegetables). If so, count the servings of the food(s) which fits more than one fruit/vegetable category in the serving eaten category to make that food category adequate according to WIC standards. Do NOT decrease the number of servings from the initial food category below the servings needed. (Example: A pregnant woman reported that she ate 1 cup of cooked spinach (Dark Green), but no “Vitamin C Foods” on the diet recall. The 1 cup of cooked spinach is 2 servings of the “Dark Green” category; since the “svgs. needed pregnant adult” for the “Dark Green” category is 1, 1 of the servings of spinach is to be counted in the “Vitamin C Foods” category because that category is low based on WIC standards. The Vitamin C Foods category then also becomes adequate).

- H. After completing G., determine whether the participant’s intake qualifies the participant for the risk factor D1 (Failure to Meet Dietary Guidelines) by comparing the number of servings eaten with the servings needed on the form or the chart “Guidelines for Certifying Women and Children Based on Inadequate Dietary Status.” (Refer to ER# 2.05200.) Circle the food groups at the bottom of the diet intake form, which cause the participant to be assigned risk factor D1.
- I. Keep the completed diet intake in the participant’s chart.

Nutrition/Health Volume
Forms Section

Diet Intake Forms: Children 1-6 Years of Age (NPE 18) (2.10800)

ER# 2.10800

Authority 204 7 CFR 246.7(e)(2)(iii)
Issued 3/83
Revised 10/04

POLICY: The "Diet Intake and Nutrition Information for Children 1-6 Years of Age" will be used to assess a child's diet.

PURPOSE: To assure that the "Diet Intake and Nutrition Information for Children 1-6 Years of Age" forms are completed correctly.

PROCEDURES:

- A. Fill in the participant's name and age, the parent's or guardian's name, your name, and the date the diet intake was obtained in the upper part of both of the forms.
- B. Record each food or beverage consumed during a typical 24-hour period. Record the time the food or beverage was consumed, the amount that was consumed, the form of each food and how it was prepared. The time the food or beverage was consumed and the preparation method (fresh, canned, frozen, fried, baked, boiled, steamed, etc.) will be helpful during the counseling process. Obtaining the amount and form (raw or cooked) of food is necessary to determine the number of servings consumed from each food group. The form may be completed by the parent or guardian. If completed by the parent or guardian, review (CPA, WIC certifier or HPA) the information for completeness and accuracy.
- C. Record all vitamin and mineral supplements taken by the individual. Make sure to include both type and amount of the supplement.
- D. In the FOOD GROUP SUMMARY grid, write in the number of servings a particular food item provides in the column under the specific food group. Information on the amount of food which constitutes a serving is on the back of the form. Classify foods ONLY as indicated on the back of the form. If a food is not listed on the back of the form, classify the food according to the Food Guide Pyramid. NOTE: THE LARGER SERVING SIZES INCLUDED ON THE BACK OF THE FORM ARE RECOMMENDED FOR THE 4-TO 6-YEAR-OLD CHILD; THE SMALLER SERVING SIZES ARE FOR THE 1-TO 3-YEAR-OLD CHILD.
- E. Total the number of servings consumed in each food group and enter the amount under "SUMMARY SERVINGS EATEN".
- F. Determine whether the participant's food intake is appropriate by comparing the number of servings eaten with the number of servings needed. Use this information for counseling purposes only.

- G. Determine if the participant's intake of "Vitamin C Foods" or "Dark Green & Other Vitamin A Foods" exceeds the number of servings needed. If the participant's intake of these two food groups exceeds the number of servings needed, determine if any of the foods categorized in these two groups meet the requirements of another fruit/vegetable group (Vitamin C Foods, Dark Green & Other Vitamin A Foods, or Other Fruits & Vegetables). If so, count the servings of the food(s) which fits more than one fruit/vegetable category in the servings needed category to make that food category adequate according to WIC standards (see H.). Do NOT decrease the number of servings from the initial food category below the servings needed. (Example: A 3 year-old child's mother reported that the child ate 2/3 cup of cooked spinach (Dark Green & Other Vitamin. A Foods), but no "Vitamin C Foods" on the diet recall. The 2/3 cup cooked spinach is 2 servings of the "Dark Green & Other Vitamin. A Foods" category; since the "svgs. needed" or the "Dark Green & Other Vitamin. A Foods" is 1, 1 of the servings of spinach is to be counted in the "Vitamin C Foods" category because that category is low based on WIC standards. The "Vitamin C Foods" category then also becomes adequate.)
- H. After completing G., determine whether the participant's intake qualifies the participant for risk factor D1 (Failure to Meet Dietary Guidelines) by comparing the number of servings eaten with the servings needed on the form or the "Guidelines for Certifying Women and Children Based on Inadequate Dietary Status" (Risk Factor D1). (Refer to ER# 2.04850.) Circle the food groups at the bottom of the diet intake form which cause the participant to be assigned risk factor D1.
- I. Keep the completed diet intake in the participant's chart.

Nutrition/Health Volume
Section Forms—M

Diet Intake Forms: Nutrition Assessment for Infants (NPE 19) (2.10900)

ER# 2.10900

Authority 2004 7 CFR 246.7 (e)(2)(iii)
Issued 3/83
Revised 10/04

POLICY: The “Nutrition Assessment for Infants” will be used to assess the diet of an infant.

PURPOSE: To assure that the “Nutrition Assessment for Infants” form is completed correctly.

PROCEDURES:

- A. Fill in the participant’s name, age, and date the assessment was completed in the upper part of the form.
- B. Check all feeding type(s) that apply, whether breastfeeding, feeding breastmilk from a bottle, or feeding formula. For formula-fed infants, note what type of formula and how mixed.
- C. Check the appropriate age category located under the goal not met area. Infant birth through 6 months will utilize the front of the form. Infants 7 - 11 months will utilize the back of the form.
- D. For all infants, list all of the foods and beverages consumed in the past 24 hours, the time as well as the length of breastfeeding or amount of formula or food. Listing all foods and beverages allows one to determine the appropriateness of the intake for the age of the infant. The time of day the food or beverage was consumed may be helpful during the counseling session.
- E. Complete the assessment components with the caregiver, assessing for patterns. When all goals have been reviewed, the CPA or WIC Certifier will determine if goal(s) have not been met. This can be determined by reviewing the goal not met column to determine which goal boxes contain a checkmark.
- F. Assign the applicable risk for any goal not met. Possible risk factors to assign from this assessment include risk factor D2 (Infant Dietary Risks), risk factor D4 (Inappropriate Use of Bottles), and risk factor E5 (Breastfeeding Complications). (See ER# 2.04750, ER# 2.04850, or ER# 2.05050) For example, an infant fed juice before 4 months of age would be assigned risk factor D2 (Infant Dietary Risks).
- G. Optional area is for recording assessment of overall feeding practices, not risks assignment, and should be assessed by CPA only. This information is useful for counseling purposes.
- H. The staff member completing the assessment must sign and date the form in the designated area.
- I. Keep the completed diet intake in the participant’s chart.

Nutrition/Health Volume
Forms Section

Diet Intake Forms: Diet Intake for Infants (NPE 17) (2.11000)

ER# 2.11000

Authority 2004 7 CFR 246.7 (e)(2)(iii)
Issued 3/83
Revised 10/04

POLICY: The “Diet Intake for Infants” may be used to identify concerns with infant feeding.

PURPOSE: To assure that the “Diet Intake for Infants” form is completed correctly.

PROCEDURES:

- A. Fill in the baby's name, date of birth, parent's or guardian's name, who completed the form, and the date the form was completed.
- B. Check the appropriate answers and record information requested in available space on the front page of the form. These questions relate to the infant's dietary pattern and when new foods were introduced to the infant.
- C. Record all foods and beverages consumed in a typical day on the second page of the form. Record the time the food or beverage was consumed, the amount that was consumed, and the form of each food and how it was prepared. The time the food or beverage was consumed and the preparation method (fresh, canned, frozen, fried, baked, boiled, steamed, etc.) will be helpful during the counseling process. Obtaining the amount and form (raw or cooked) is necessary to determine the number of servings consumed from each food group. The form may be completed by the parent or guardian. If completed by the parent or guardian, review (CPA, WIC Certifier or HPA) the information for completeness and accuracy.
- D. Determine whether the diet intake is appropriate for the infant considering his/her age, development, and health status by comparing the intake with the chart at the bottom of the second page. Use this information for counseling purposes only, NOT for risk determination. Risk determination is based on the scoring of the Nutritional Assessment for Infants. To assign the inadequate dietary status risk factors, refer to ER# 2.04750, ER# 2.04850 and ER# 2.05050.
- E. Keep the completed diet intake in the participant's chart.

Nutrition/Health Volume
Forms Section

WIC Certification—Women (WIC-1) Addition (2.11900)

ER# 2.11900

Authority 2004 7 CFR 246.25(a)(1)
Issued 1/81
Revised 10/04

POLICY: The local agency must use the WIC Certification-Women Only (WIC-1 form) addition transaction to record the data necessary to enter a prenatal or new breastfeeding or non-breastfeeding woman participant into the HANDS System. If the local agency is a direct-entry agency, the WIC-1 form is not required to be completed.

PURPOSE: To assure proper completion of the WIC-1 addition transaction.

PROCEDURES:

- A. The local agency shall complete a WIC-1 addition transaction for all:
 - 1. New prenatal, breastfeeding (birth mother or non-birth mother of infant being breastfed) or non-breastfeeding woman.
 - 2. New pregnancies of former or currently participating women.
- B. The WIC-1 addition transaction must have specific fields completed for all participants.
 - 1. Refer to WIC-1 Women Reference Table for instructions to assist in completing the “WIC Certification-Women” (WIC-1) form.
- C. The WIC-1 is color-coded—the items in:
 - 1. Black ink area designates information to be collected and recorded by clerical staff, HPA, WIC Certifier or CPA.
 - 2. Red ink area designates information to be collected by authorized health professional and or para-professional staff, as appropriate; health professional staff may record the information they collect.
- D. The WIC-1 is divided into sections corresponding to the correct system screens.
- E. Some medical data fields have high and low value parameters. When values are outside the parameters, enter the value and highlight for the attention of the keying staff. The person keying will:
 - 1. Enter zeros (0) if the value is too low.
 - 2. Enter nines (9) if the value is too high.
 - 3. Send a copy of the form or the appropriate screen to the district WIC nutritionist.
 - a. If using the form, highlight the field that was outside the

parameters.

- b. If using the printed screen, write in the measured value above the zeros or nines.
4. The WIC state agency will key the measured values into the system.
5. If values are unknown, enter eights (8) in the field. Obtain information from the participant at a later date and update the record.
- F. For information about system screens, Refer to ER# 4.01500 through ER# 4.02730.
- G. When all of the information is collected and the participant has been informed of her eligibility, the local agency shall:
 1. Key the information into the system before issuing food instruments.
 2. Send forms with information outside the parameters to the attention of the HANDS help desk.
- H. The WIC-1 form must be kept in the participant file for audit. For direct-entry agencies that do not complete a WIC-1 form, appropriate documentation must be retained in participant file (contact State WIC office for further information).

Nutrition/Health Volume
Section Forms—M

Category Change of a Breastfeeding Woman to Non-Breastfeeding
(2.12100)

ER# 2.12100

Authority 2004 7 CFR 246.25 (a) (1)
Issued 1/96
Revised 10/04

POLICY: The local agency must update the WIC Certification-Woman (WIC-1 form) to record the data necessary to change a breastfeeding woman to a non-breastfeeding woman in the HANDS system, when she stops breastfeeding before her infant is six months old, and she is eligible for WIC benefits as a non-breastfeeding woman.

PURPOSE: To assure proper completion of the WIC-1 category change.

PROCEDURES:

- A. Prior to changing a breastfeeding woman to a non-breastfeeding category, refer the WIC participant to a CPA for appropriate counseling.
- B. The woman must have had at least one other risk factor besides risk factors E4 and/or E5 assigned her from her breastfeeding certification. **If the only risk factor for the breastfeeding woman was E4 and/or E5, the recertification procedure must be followed in order to continue WIC benefits.**
- C. A CPA or WIC Certifier shall conduct the recertification procedure and or the change of category (breastfeeding to non-breastfeeding).
- D. The local agency shall make changes to the WIC-1 form originally competed for her certification as a Breastfeeding woman. A new WIC-1 form is not necessary. Update the existing fields in the “WIC Eligibility Client Data” section by striking (crossing through) original information and updating with the following information:
 1. CODE—Circle the “N” program code.
 2. PRIORITY—Record the new priority number as “6”, since priority 6 is the highest priority a non-breastfeeding woman can attain.
 3. CPA or WIC Certifier INIT. (Initials)—Initials of CPA or WIC Certifier making changes to the food package.
 4. NEW FPC (New Food Package Code)—Record the new food package code based on the non-breastfeeding selections. A CPA or WIC Certifier must determine the food package. The CPA must counsel the participant on her changing nutritional needs and food package changes. **Strike through the original “FOOD PKG”.**
 5. NEW SEQ. (Sequence)—Record the number of food instruments the

participant will receive in one month. **Strike through the original “SEQ”.**

6. NEW CYCLE—Record the new cycle (1 or 2), if applicable. **Strike through the original ‘CYCLE’, if change is made.**
 7. SERVICE DATE—Record the date of the category change (from breastfeeding to non-breastfeeding).
 8. RECERT DATE—Record the updated recertification date as calculated by the system.
 9. REFERRALS—Circle (or highlight) any new/additional referrals made to participant by the local agency staff.
 10. SIGNATURE-CPA—The CPA **or WIC Certifier** updating the information in #1 through #9 above must re-sign and re-date the form.
 11. RIGHTS AND RESPONSIBILITIES—Request the participant to re-read the list of rights and responsibilities and the statement about release of information. If the participant is unable to read, the local agency must read these to her. The participant is required to re-date and re-sign the form.
- E. The HANDS system will protect the following fields: Financial Eligibility, Smoking/Drinking Behavior Questions, Seeing Physician, Diet Assessment, EDC, Height, Health Assessment Date, Hematocrit, Hemoglobin, Bloodwork Date, Oral Assessment, Medical Eligibility, Risk Factors and BMI.

Nutrition/Health Volume
Forms Section

WIC Certification-Women (WIC-1) Special (VOC) Additions (2.12200)

ER# 2.12200

Authority 2004 7 CFR 246.25(a)(1)
Issued 1/81
Revised 10/04

POLICY: The local agency must use a WIC Certification-Women (WIC-1 form) special addition transaction to record the data necessary to enter a prenatal, breastfeeding or non-breastfeeding woman participant into the HANDS System, when that individual has verification of certification (VOC) that shows she is still within a valid certification period from another state.

PURPOSE: To assure proper completion of the WIC-1 special addition transaction

PROCEDURES:

- A. The local agency shall complete a WIC-1 special addition transaction to add a woman participant still within a valid certification period from another state.
- B. The applicant must bring the verification of certification (VOC) card or form to the local agency. Refer to ER# 3.03200 for receiving agency's responsibilities when applicant presents valid VOC documentation from another state.
- C. The WIC-1 addition transaction must have specific fields completed for all participants.
 1. Refer to the WIC-1 Women Reference Table for instructions to assist in completing the "WIC Certification-Women" (WIC-1) form.
- D. The WIC-1 is color-coded:
 1. Black ink area designates information to be collected and recorded by clerical staff, HPA, WIC Certifier or CPA.
 2. Red ink area designates information to be collected by authorized health professional and or para-professional staff, as appropriate; health professional staff may record the information they collect.
- E. The WIC-1 is divided into sections corresponding to the correct system screens.
- F. For information about system screens, Refer to ER# 4.01500 through ER# 4.02730.
- G. When all of the information is collected and the participant has been informed of her rights and responsibilities, the local agency must key the information into the system before issuing food instruments.
- H. The WIC-1 form must be kept in the participant file for audit, along with valid Verification of Certification (VOC) documentation. For direct-entry agencies that

do not complete a WIC-1 form, appropriate documentation must be retained in participant file (contact **State WIC office** for further information).

Nutrition/Health Volume
Forms Section

WIC Certification-Infant/Child (WIC-2) Addition (2.12300)

ER# 2.12300

Authority 2004 7 CFR 246.25(a)(1)
Issued 1/81
Revised 10/04

POLICY: The local agency must use a WIC Certification-Infant/Child (WIC-2 form) addition transaction to record the data necessary to enter a new infant or child into the HANDS System. If the local agency is a direct-entry agency, the WIC-2 form is not required to be completed.

PURPOSE: To assure proper completion of the WIC-2 addition transaction.

PROCEDURES:

- A. The local agency shall complete a WIC-2 addition transaction for all:
 1. Infants or children who have never been on the program.
 2. Children who have been off the program for more than 2 years.
- B. The WIC-2 addition transaction must have specific fields completed for participants:
 1. Refer to the WIC-2 Infant/Child Reference Table for instructions to assist in completing the “WIC Certification-Infant/Child” (WIC-2) form.
- C. The WIC-2 is color-coded:
 1. Black ink area designates information to be collected and recorded by clerical staff, HPA, WIC Certifier, or CPA.
 2. Green ink area designates information to be collected by authorized health professional and or para professional staff, as appropriate; the health professional staff may record the information they collect.
- D. The WIC-2 is divided into sections corresponding with the correct system screens.
- E. Some medical data fields have high and low value parameters. When values are outside the parameters, enter the value and highlight for the attention of the keying staff. The person keying will:
 1. Enter zeros (0) if the value is too low.
 2. Enter nines (9) if the value is too high.
 3. Send a copy of the form or the appropriate screen to the HANDS help desk.
 - a. If using the form, highlight the field that was outside the parameters.
 - b. If using the printed screen, write in the measured value above the

zeros or nines entered.

4. The WIC state agency will key the measured values into the system.
 5. If values are unknown, enter eights (8) in the field. Obtain information from the participant at a later date and update the record.
- F. For information about system screens, Refer to ER# 4.01500 through ER# 4.02730.
- G. When all of the information is collected and the parent or guardian has been informed of his/her child's eligibility, the local agency shall:
1. Key the information into the system before issuing food instruments.
 2. Send forms with information outside the parameters to the HANDS help desk.
- H. The WIC-2 form must be kept in the participant file for audit. For direct-entry agencies that do not complete a WIC-2, appropriate documentation must be retained in participant file (contact WIC State office for further information).

Nutrition/Health Volume
Forms Section

WIC Certification-Infant/Child (WIC-2) Recertification (2.12400)

ER# 2.12400

Authority 2004 7 CFR 246.25(a)(1)
Issued 1/81
Revised 10/04

POLICY: The local agency must use the WIC Certification-Infant/Child (WIC-2 form) recertification transaction to record the updated data necessary to keep an infant or child active in the HANDS System. If the local agency is a direct-entry agency, the WIC-2 form is not required to be completed.

PURPOSE: To assure proper completion of the WIC-2 recertification transaction.

PROCEDURES:

- A. The local agency shall complete a WIC-2 recertification transaction to record new information in the HANDS System for:
 1. A child participant starting a new certification period after the initial certification period has ended. (Note: this is regardless of time lapse between certification periods.)
 2. A child participant entering the program again after a break in service of less than two years.
- B. The WIC-2 recertification transaction must have specific fields completed for participants:
 1. Refer to the WIC-2 Infant/Child Reference Table for instructions to assist in completing the “WIC Certification-Infant/Child” (WIC-2) form.
- C. The WIC-2 is color-coded—the items in:
 1. Black ink area designates information to be collected and recorded by clerical staff, HPA, WIC Certifier or CPA.
 2. Green ink area designates information to be collected by authorized health professional and or para-professional staff, as appropriate; health professional staff may record the information they collect.
- D. The WIC-2 is divided into sections corresponding to the correct system screens.
- E. Some medical data fields have set high and low value parameters. When values are outside the parameters, enter the value and highlight for the attention of the keying staff. The person keying will:
 1. Enter zeros (0) if the value is too low.
 2. Enter nines (9) if the value is too high.
 3. Send a copy of the form or the appropriate screen to the HANDS help desk.

- a. If using the form, highlight the field that was outside the parameters.
 - b. If using the printed screen, write in the measured values above the zeros or nines entered.
4. The WIC state agency will key the measured values into the system.
5. If values are unknown, enter eights (8) in the field. Obtain information from the participant at a later date and update the record.
- F. For information about system screens, Refer to ER# 4.01500 through ER# 4.02730.
- G. When all of the information is collected and the parent or guardian has been informed of his/her child's eligibility, the local agency shall:
 1. Key the information into the system before issuing food instruments.
 2. Key the information into the system after issuing food instruments when the participant is no longer eligible but is entitled to a food package from the past certification record.
 3. Key ineligible recertification by the end of the day, to terminate records.
 4. Send forms with information outside the parameters to the HANDS help desk.
- H. The WIC-2 form must be kept in the participant file for audit. For direct-entry agencies that do not complete a WIC-2 form, appropriate documentation must be retained in participant file (contact WIC State office for further information).

Administration Volume

Food Instrument Accountability Section

Food Instrument Issuance—Per Certification Period (3.05000)

ER# 3.05000

Authority 2004 7 CFR 246.10(b)(1)

Issued 1/81

Revised 10/04

POLICY: The local agency shall issue monthly or bi-monthly food packages to eligible participants on food instruments that have been specifically written for each participant.

PURPOSE: To provide clear guidelines for the length of eligibility for the monthly food package.

PROCEDURES:

- A. The local agency shall issue all monthly or bi-monthly food packages on food instruments using prescribed food packages, in accordance with policy #3.08000. A participant must be eligible and must have a current certification record in the system to receive food instruments.
- B. All participants who request food instruments in person, or who send an authorized proxy, shall receive food instruments according to the following guidelines:
 1. A prenatal participant receives a food package until her pregnancy has ended or the last day of her certification period, whichever comes first. (Note: If her EDC date is changed from the original, the local agency may change the EDC date in the system, which will automatically change the recertification date.)
 2. A breastfeeding participant receives a food package based on one of the following:
 - a. Issue food instruments until the end of the month she completely stops breastfeeding, if she stops before the end of her certification period or her infant's first birthday.
 - b. Issue food instruments until the end of the month of her recertification date for her first certification period. No additional food instruments can be issued until a new certification determines continued eligibility.
 - c. If she breastfeeds for the infant's entire first year of life, issue food instruments up to the last day of the month the infant turns one year old. Do not issue on or after that day.
 3. A non-breastfeeding participant receives a food package until the last day of the month of the 6-month anniversary of the termination of pregnancy. Do not issue on or after that day.

4. An infant or child participant receives a food package until the end of the month in which s/he becomes ineligible.
 - a. If the recertification assessment is done during the last 30 days of eligibility of the current certification period (within one calendar month after the recert date), the local agency shall issue food instruments to the participant even if determined ineligible for program benefits.
 - b. For five (5) year old children, eligibility is terminated at the end of the month of the fifth birthday, *not* 30 days after the recertification date.
- C. The local agency shall *not* deny food instruments because a participant misses or refuses nutrition education. The local agency should:
 1. Reschedule the participant within the same month if the appointment is missed.
 2. Require the participant to wait until her/his turn in the day's appointments, if nutrition education is refused.
- D. Refer to ER# 3.01600 through 3.03900 for extending or shortening certification periods and how that relates to food instrument issuance.

Administration Volume

Food Instrument Accountability Section

Food Instrument Issuance—Food Package Codes/Number of Food Instruments (3.05100)

ER# 3.05100

Authority 2004 7 CFR 246.10(b,c)

Issued 1/81

Revised 10/04

POLICY: The local agency shall issue all monthly or bi-monthly food packages on food instruments specifically written for each participant, using food package codes appropriate to the participant program code and risks.

PURPOSE: To comply with federal regulations regarding food packages.

PROCEDURES:

- A. The local agency shall issue all monthly or bi-monthly food packages on food instruments specifically written for each participant, using food package codes appropriate to the participant program code and risks.
 - 1. The local agency CPA or WIC Certifier when appropriate, must prescribe the participant food package.
 - 2. The local agency clerk may assign the correct food package code number associated with what has been prescribed by the CPA or WIC Certifier.
 - 3. The system has food package codes for each participant program code based on allowable foods and participant preference in types of foods.
- B. The system will not always prevent issuance of the wrong food package to a participant, so the local agency must assign food package codes with care.
- C. Numeric food package codes for women and children have the majority of foods from each allowable food group split on two food instruments (number 1 and number 2), with additional foods on additional food instruments. Most allow a participant to receive as many food instruments as gallons of milk received.
 - 1. A prenatal, breastfeeding or enhanced breastfeeding participant food package includes 7 gallons of milk, so it may be issued on from 2 to 7 food instruments.
 - 2. A non-breastfeeding food package includes 5 gallons of milk, so it may be issued on from 2 to 5 food instruments.
 - 3. A child, one and two years old, food package includes 5 gallons of milk, so it may be issued on from 2 to 5 food instruments.
 - 4. A child, three to five years old, food package includes 6 gallons of milk, so it may be issued on from 2 to 6 food instruments.
- D. All infant food package codes allow a participant to receive one, two, or more

food instruments.

- E. A tailored, other (OTH), food package can be issued on 1 to 9 food instruments. If more food instruments are needed for homeless or expensive special formulas, the rest may be issued on the H654 "Food Instrument Print-Supplemental" screen.
 - 1. The local agency CPA must inform the issuing clerk of the exact foods and quantities to issue.
 - 2. When printing food instruments for **exempt** (special) formula, the issuing clerk must find out the cost per can and assure that each food instrument issued will have a redemption value of no more than \$150.00.
- F. The number of food instruments issued should be based on:
 - 1. The participant's needs or desires for purchasing and storage; or
 - 2. The CPA's **or WIC Certifiers** determination of need for the participant; and
 - 3. How food instruments are actually used. For example, if the participant will use several food instruments at the same time for the same person, only one food instrument should be issued; and
 - 4. The value of each issued food instrument is limited to \$150.00.

HANDS System Volume Certification Section

WIC-1 Recert (B/N) (H402) WIC-2 Recertification (C) (H422) (4.02000)

ER# 4.02000

Authority 2004 7 CFR 246.25(a)(1)
Issued 1/90
Revised 10/04

POLICY: The local agency must use the appropriate HANDS screens when entering certification or recertification data.

PURPOSE: To assure accurate data entry.

PROCEDURES:

- A. The local agency must key the H402 (B/N) or H422 (C) screen for all participants for whom a recertification was done (eligible or ineligible).
- B. To use the H402 or H422 screen, the individual being recertified must have previously been on WIC and that information entered in the system.
- C. At the time of recertification, the local agency must update the Common Data Update Screen (H202). (Refer to ER# 4.02100.)
- D. At the time of recertification, the local agency must update the I/C Health History Update Screen (H225). (Refer to ER# 4.02200.)
- E. The local agency must key a Postpartum Outcome Screen (H210) if the woman is being recertified the first time after the baby is born. (Refer to ER# 4.01800.)
- F. The H402 or H422 screen must be completed according to instructions for the WIC Eligibility Screen (H401 for P/B/N or H421 for I/C). (Refer to ER# 4.01900.)
- G. A breastfeeding woman changing to non-breastfeeding before the infant turns six months old should use the following guidelines for keying the category or status change:
 1. If the only risk factor on the breastfeeding record was E4 and/or E5, the regular recertification procedure must be followed.
 2. Trans ID: Enter the Transaction Identification code H402.
 3. DCN: Enter the participant's eight digit DCN.
 4. Program: Enter program code "N".
 5. Press the right ctrl/enter key. *NOTE: The financial and health assessment information from the breastfeeding record will be displayed at this point. The information is protected and will appear in blue.*
 6. Priority Code: Key the one digit priority code according to the program

code and risk factors assigned.

7. Food Package Code: Key the appropriate three-digit food package code as assigned by the CPA or WIC certifier (when appropriate).
8. Sequence: Key the number of food instruments (one digit) the participant will receive.
9. Service Date: Enter the date you are serving the participant.
10. Referrals: Key programs to which agency staff referred participant.
11. Press the ctrl/enter key. The system recalculates the new recertification date (day before the infant turns six months old).

HANDS System Volume Certification Section

Presumptive Eligibility for Pregnant Women (E3) (4.02725)

ER# 4.02725

Authority 2004 7 CFR 246.25(a)(1)
Issued 5/99
Revised 10/04

POLICY: The local agency must use the appropriate HANDS screens when entering certification or recertification data.

PURPOSE: To assure accurate data entry.

PROCEDURES:

The E3 presumptive eligibility risk code is for the convenience of a new prenatal, if there is NO CPA or Nutritionist available at the local agency to do a complete health assessment. This code should be used only when absolutely necessary. The prenatal participant must meet WIC income eligibility standards to be presumptive eligible. The local agency must schedule the prenatal within 60 days for the health assessment. When the complete health assessment is completed, use the H205 and H403 update screens to key new data.

The following steps are to be taken to key the new certification form:

- A. Find or assign a DCN as usual through SCLR.
- B. Key the H201 or H202 common data screens as usual.
- C. The H204 screen should be keyed with the following fields:
 1. System ID: 02
 2. Date of Last Normal Menses:
 - a. If participant knows EDC, calculate DLNM using the pregnancy wheel.
 - b. If participant does not know EDC, ask if she knows when her DLNM was and calculate EDC using the pregnancy wheel.
 - c. If neither of the above is known by participant, call your district nutritionist or the WIC HANDS Help Desk.
 3. Prior Delivery Date: Key all zeros.
 4. Month Prenatal Care Began: Key 9 for unknown.
 5. Pre Pregnancy Ht/Wt: Key 8's for unknown.
 6. Gravidity: Key 01.
 7. Term, PreTerm, Spon/Ind Abort, Fetal Death, Children Living (At Birth):

Key zeros.

8. Smoking/Drinking Fields: Key 9's for unknown.
9. Household Smoking: Key U for unknown.
10. Is woman Currently Pregnant: Key Y for yes.

D. The H401 screen should be keyed with the following fields:

1. Program Code: Key P for prenatal.
2. Date Service Requested: Date prenatal participant first requests WIC services.
3. Type of Contact: Key T for telephone or W for walk-in.
NOTE: This should always be a W. If participant telephones in, an appointment should be made to do the certification when a CPA or WIC certifier is available.
4. Financial Eligibility: Complete the following:
 - a. Family Size: Key the two-digit code numeric code (01-16).
 - b. Family Income:
 - i. Enter the one digit code. A = Annually, M = Monthly, or W = Weekly
 - ii. Enter the five-digit code numeric income. Zeros fill from front (e.g. 00250).
 - c. Financial Eligibility: Enter the one digit code. Y = Yes, N = No, A = Accept, or X = Adjunct Eligible *NOTE: When an X appears, it is based on an "A" in the Medicaid field and/or a "Y" in the Food Stamp field on the H201 or H202 screen. It cannot be keyed over. Tab past the field.*
5. Smoking/Drinking Fields: Leave blank.
6. Seeing Physician/Diet Assessment: Leave blank.
7. EDC Date: See C. 2 under H204 screen on previous page.
8. Plan BF: Leave blank.
9. Height/Weight: Leave blank.
10. Health Assessment Date: Leave blank.
11. Hema/Hemo: Leave blank.
12. BW Date: Leave blank
13. Oral Inspection: Leave blank.
14. Medically Eligible: Leave blank.
15. Risk Code: Enter E3 risk factor code.
16. Priority: Enter 4 priority code.

17. Food Package: Enter 820 FPC. *NOTE: Call your district nutritionist if any other food package code is needed.*
18. Sequence/Cycle: Key the one digit code numeric code (1-6).
19. Cycle: Place this participant on monthly food instrument issuance. Key 1 for monthly.
NOTE: Issue the woman the first month's food instruments and schedule the health assessment for the following month. Refer to ER# 2.04950 for more information on risk factor E3.
20. Service Date: Enter date you are serving the participant.
21. Referrals: Key an X behind all appropriate referrals.

Nutrition/Health Volume
Certification Section

Risk Factor Z1 (Pregnancy Induced Conditions) and Z3 (Nutrition-Related Risk Conditions) (2.04450)

ER# 2.04450

Authority 2004 7 CFR 246.7(e)(2)(ii)
Issued 5/91
Revised 10/04

POLICY: To determine when to assign risk factor Z1 (Pregnancy Induced Conditions) and Z3 (Nutrition-Related Risk Conditions)

PURPOSE: To provide guidelines for assigning risk factors Z1 and Z3 consistently throughout the Missouri WIC Program.

PROCEDURES:

- A. **Assess for risk factors Z1 and Z3 by inquiring** if the applicant has one of the pregnancy induced or nutrition-related risk conditions. **NOTE: Some diseases and conditions have qualifiers that must be met, e.g., infectious diseases must be present within the past six months and be severe enough to affect nutritional status.**
 1. If yes, and documentation from a physician or health care provider working under the orders of a physician can be readily obtained, assign risk factor Z1 or Z3, as appropriate.
 - a. Acceptable documentation includes written verification of diagnosis or condition, such as on a prescription pad, referral form, medical record or other reliable record.
 - b. Verbal documentation such as a telephone order is acceptable, as long as documented as such.
- B. If documentation from a physician or health care provider working under the orders of a physician cannot be readily obtained, ask the following:
 1. Whether the condition is being managed by a medical professional.
 2. The name and contact information for that medical professional to allow communication and verification if necessary.
 3. Whether the condition is being controlled by diet or medication.
 4. What type of medication has been prescribed.
- C. If the answers to the above questions substantiate the presence of the condition, assign risk factors Z1 or Z3, as appropriate.
- D. **Refer WIC participant to CPA for high-risk follow up.**
- E. Keep the appropriate documentation in the participant's chart.

Risk Factor Z1 (Pregnancy Induced Conditions) include:

Hyperemesis Gravidarum (severe nausea and vomiting to the extent that the woman becomes dehydrated and acidotic), Gestational Diabetes and History of Gestational Diabetes. P - all apply, B/N - only history of gestational diabetes most recent pregnancy

Risk Factor Z3 (Nutrition-Related Risk Conditions) include:

Cancer severe enough to affect nutritional status

Central Nervous System Disorders (epilepsy, cerebral palsy, neural tube defects)

Depression

Developmental, Sensory or Motor Disabilities that restrict the ability to intake, chew, swallow food or require tube feeding to meet nutritional needs (includes minimal brain, function, birth injury, head trauma, brain damage, feeding problems due to developmental disabilities such as pervasive developmental disorder (PPD) which includes autism)

Diabetes Mellitus

Gastro-Intestinal Disorders (stomach or intestinal ulcers, small bowel enterocolitis and syndrome, malabsorption syndromes, inflammatory bowel disease including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, gallbladder disease)

Genetic and Congenital Disorders (cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia)

Hypertension (Chronic and Pregnancy-Induced)

Inborn Errors of Metabolism (PKU, maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, propionic acidemia, hypermethioninemia)

Infectious Diseases within the past six months severe enough to affect nutritional status (Tuberculosis, HIV, AIDS, and Hepatitis), Celiac Disease (Celiac Sprue, Gluten Enteropathy, Non-tropical Sprue)

Lactose Intolerance

Nutrient Deficiency Diseases (Protein Energy Malnutrition, Scurvy, Rickets, Beriberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia)

Other Medical Conditions severe enough to affect nutritional status (juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis)

Recent Major Surgery, Trauma, Burns (major surgery, trauma or burns within the past two months severe enough to compromise nutritional status)

Renal Disease (any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections)

Thyroid Disorders (hypothyroidism or hyperthyroidism) (Refer to ER# 2.04450.)

NOTE: Lists are all-inclusive. To request a condition be added, notify your district nutritionist for procedures to be followed. Approval by USDA is required.

FY 2005 MISSOURI WIC STATE PLAN

SITE LISTING FOR THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) AND WIC and NUTRITION SERVICES (WIC)

Site Listings for CSFP & WIC

CSFP	WIC
America's Second Harvest of Greater St. Joseph	
Andrew County, America's Second Harvest of Greater St. Joseph Harvest House Pantry, St. Joseph, MO 64505	Andrew Co Health Department
Buchanan County, America's Second Harvest of Greater St. Joseph Harvest House Pantry, St. Joseph, MO 64505	Buchanan Co Health Department
Ozarks Food Harvest	
Dent County, Shepherd's Nook Food Pantry, Salem, MO 65560	Dent Co Health Department
Polk County, Bolivar Ministerial Alliance, Bolivar, MO 65649	Polk Co Health Department
Texas County, Texas County Food Pantry, Houston, MO 65483	Texas Co Health Department
Central Missouri Food Bank	
Audrain County, Mexico Senior Center, Mexico, MO 65265	Audrain Co Health Department
Boone County, Oakland Senior Center, Ashland, MO 65010	Boone Co Health Department
Callaway County, Fulton Senior Center, Fulton, MO 65251	Callaway Co Health Department
Chariton County, Salisbury Senior Center, Salisbury, MO 65281	Chariton Co Health Department
Linn County, Linn County Senior Center, Brookfield, MO 64628	Linn Co Health Department
Maries County, Vienna Senior Center, Vienna, MO 65582	Phelps/Maries Co Health Department
Monroe County, Paris Senior Pantry, Paris, MO 65275	Monroe Co Health Department
Morgan County, West Central MO CAA, Versailles, MO 65084	Morgan Co Health Department
Putnam County, Putnam Senior Center, Unionville, MO 63565	Putnam Co Health Department
Saline County, Slater Senior Center, Slater, MO 65349	Saline Co Health Department
Harvesters – The Community Food Network	
Cass County, Fishes and Loaves Food Pantry, Raymore, MO 64083	Cass Co Health Department
Clay County, City on a Hill, Holt, MO 64048	Clay Co Health Department
Henry County, The Samaritan Center, Clinton, MO 64735	Henry Co Health Department
Jackson County: Better Living Center, Kansas City, MO 64131 Blue Summit Baptist Church, Kansas City, MO 64126 Brush Creek Tenant Association, Kansas City, MO 64130 Daystar Ministries, Independence, MO 64050 Don Bosco Family Support, Kansas City, MO 64124 House of Love Church, Kansas City, MO 64130 Living Bread Ministries, Blue Springs, MO 64014 Metropolitan Lutheran Ministry, Kansas City, MO 64130 Nowlin Hall, Kansas City, MO 64127 Palestine Gardens/North, Kansas City, MO 64128 Redemptorist Social Services Center, Kansas City, MO 64111 St. James Place, Kansas City, MO 64110 Victory Arms Apartments, Kansas City, MO 64131	Jackson County: Clay Co Health Department St. Lukes Hospital WIC Program Samuel Rodgers Swope Health Services Truman Medical Center Hospital Hill Truman Medical Center Lakewood Crescent Clinic WIC Program
Platte County, Southern Platte Emergency Assistance Coalition Parkville, MO 64152	Platte County Health Department
Bootheel Food Bank	
Bollinger County, Marble Hill Food Pantry, Marble Hill, MO 63764	Bollinger County Health Department
Butler County, United Gospel Rescue Mission, Poplar Bluff, MO 63901	Butler County Health Department
Cape Girardeau County Christ Church of the Heartland, Cape Girardeau, MO 63701 Family Resource Center (FRC), Cape Girardeau, MO 63703 FRC Certification Site: APPLE Project Cape Girardeau, MO 63701 FRC Certification Site: Division of Sr Services, Cape Girardeau, MO 63703 FRC Certification Site: SEMO AAA, Cape Girardeau, MO 63701 Jackson Revival Center, Jackson, MO 63755	Cape Girardeau County Health Department
Dunklin County, Malden Church Of God, Malden, MO 63863	Dunklin County Health Department
Mississippi County, Caring Communities, Charleston, MO 63834	Mississippi County Health Department
New Madrid County, Delmo Housing Authority Lilbourn, MO 63862	New Madrid County Health Department
Pemiscot County, Pemiscot Co Health Center, Hayti, MO 63851	Pemiscot County Health Department

Site Listings for CSFP & WIC

CSFP	WIC
Pemiscot Progressive Industries, Hayti, MO 63851	
Ripley County, Lean On Me, Doniphan, MO 63935	Ripley County Health Department
Scott County, Chaffee Assembly of God, Chaffee, MO 63740 Smith Ave Church of God, Sikeston, MO 63801	Scott County Health Department
Stoddard County, Stoddard Co Gospel Mission, Dexter, MO 63841	Stoddard County Health Department
Wayne County, Lake Wappapello Methodist, Wappapello, MO 63699 Piedmont First Church of The Nazarene, Piedmont, MO 63957 Williamsville Assembly Of God, Williamsville, MO 63967	Wayne County Health Department

Site Listings for CSFP & WIC

CSFP		WIC
St. Louis Area		
FoodBank	St. Louis City	St. Louis City
Alexian Court	2636 Chippewa	<ul style="list-style-type: none"> ▪ Family Care Health Center ▪ Grace Hill Neighborhood Health Center ▪ People's Health Centers, Inc ▪ St. Louis Connect Care ▪ St. Louis HDC
Alpha Terracce	6105 Etzel	
Badenfest Senior Center	8122 N Broadway	
Bavarian Towers	4635 Ridgewood	
Bevo Towers	4627 Ridgewood	
Blumeyer Apts (Dr. MLK)	3310 Martin Luther King	
Branscombe Apts.	5370 Pershing	
Brothers Keeper	3452 Potomac	
Carr Square	1629 Biddle	
Centenary Towers	1530 Locust	
Circle of Light	1308 Veronica	
Clayton Missionary Baptist Church	2801 Union Blvd	
Cochran	1112 N 9 th	
Community Involvement Assoc	1444 Goodfellow	
Community Involvement Assoc II	4109 Enright	
Compton Heights Baptist	3644 Castleman	
Council Towers	310 S Grand	
Eads Square Apts	2700 Henrietta	
Ebenezer Pantry	6234 Evergreen	
Family Food Pantry	4601 Morganford	
Friendly Village	5545 Wells	
Gillespie Apts	4628 Labadie	
Gods Great Faith Ministries	3442 Ohio 1 st floor 1A	
Grand Oaks Sen. Center	4168 Juniata	
Greater Bethlehem	3969 Washington	
Greater t. Luke	8011 N Broadway	
Missionary Baptist		
Halls Ferry Manor	8725 Halls Ferry Rd	
HDC Northside	4548 Dr. M.L. King	
HDC Retirement Apts	4100 Peck	
Hylton Pointe Apartments	5500 Maple Ave	
Hylton Pointe II	933 Belt	
Jackson Park	1220 Warren	
James House	4310 St. Ferdinand	
JVL Apartments	2829 Howard	
JVL Apartments II	2801 Dr. Martin Luther King	
LaSalle Baptist	1133 Park Ave	
Lency Hayes Inc. Booth	3131 Iowa	
Les Chouteau	1330 Chouteau	
Maryville Gardens	4333 Nebraska	
Maryville Gardens II	4333 Nebraska	
Mercy Seat	4452 Washington	
Metro Village Apts	3114 Franklin Ave	

Site Listings for CSFP & WIC

CSFP		WIC
St. Louis Are Food Bank cont'd	St. Louis City cont'd	St. Louis City cont'd
Midtown Catholic	1202 Boyle	
Mt Nebo	4981 Theodore	
Mt. Zion Apts	3300 Park	
Mt. Zion Church	1444 Compton	
Murphy Blair	1735 N 13 th	
New Jerusalem Halls Ferry	8629 Halls Ferry Rd	
Oak Grove Baptist	3040 Hickory	
Ochs	630 Trinity	
Ollie S Langhorst	5800 Arsenal	
Our Lady of Perpetual Help	4335 Warne	
Park Place Apartments	4399 Forest Park	
Parkview Apartments	701 Westgate	
Parkview Forest Park	4451 Forest Park	
Rock Of Ages	3067 Dr. M.L. King	
Roosevelt Towne Apts	711 N Euclid	
San Luis	4483 Lindell	
Someone Cares Min	2718 North 13 th	
St. Agnes	2840 Wisconsin	
St. Augustine Wellston	1705 Kienlen PO Box 11969	
St. Louis Park Church	2629 Rauschenbach	
St. Luke's Plaza	5602 Enright	
St. Matthew's Lutheran	5402 Wren	
St. Raymonds	1015 Park Ave	
St. Wenceslaus	3014 Oregon	
Trinity Christian Fellowship	2906 Magnolia	
Union West	5890 Ridge Ave/1437 Laurel	
United Metro Ministries	1040 So Taylor	
Vaughn Towers	1908 Ofallon	
Warwood Elderly	1610 North Kingshighway	
Wayman AME	5010 Cabanne	
William Clay Sen. Center	5623 Clemen Ave	
Winter Gardens	5708 Kingsbury Pl	

Site Listings for CSFP & WIC

CSFP	WIC
<p>St. Louis County</p> <p>AGAPE SDA 6501 Bartmer</p> <p>AHEPA 53 3607 Lemay Ferry</p> <p>Dunn Rd Manor 3399 Dunn Rd</p> <p>Florissant Senior Center 955 Rue St. Francois</p> <p>Freidens Chapel 1060 Chambers</p> <p>Grace Hill /Patch 7925 Minnesota</p> <p>Neighborhood</p> <p>HDC Southside 7714 South Broadway</p> <p>Jewish Family 10590 Schuetz Rd</p> <p>Kirkwood Sen. 3855 So Taylor</p> <p>Center/Kirkwood Apts</p> <p>Love and Mercy 206 Emerling</p> <p>Ministries</p> <p>New Jerusalem 8204 Page</p> <p>Bibleway</p> <p>Pope John Paul 6325 Waterways Dr.</p> <p>Rose Hill 225 W. Rosehill</p> <p>Santa Anna 3737 Ashby</p> <p>Santa Maria 12565 Santa Maria</p> <p>St. Andrews 9600 Halls Ferry</p> <p>St. John Neuman 8424 Lucas&Hunt Rd</p> <p>St. Joseph/Holy Infant 7677 Watson</p> <p>St. Louis Adventist 3223 Woodson</p> <p>Comm.</p> <p>St. Louis Village 9516 Weyburn</p> <p>St. Patricks I 583 Bluff Parks dr.</p> <p>St. Rita's 8240 Washington</p> <p>St. Trinity Lutheran 517 Koeln</p> <p>Urban League 8960 Jennings Sta.Rd</p> <p>Webs. GR Douglas 546 Elm</p> <p>Manor</p> <p>Webster Rock Hill 111 Waymire Ave</p> <p>Ministries</p> <p>West Page Salvation 10740 W Page Ave</p> <p>Army</p>	<p>St. Louis County Department of Health</p>

FY 2005 MISSOURI WIC STATE PLAN

**LOCAL AGENCY REVIEWS: IMMUNIZATION
SCREENING AND REFERRAL IN THE SPECIAL
SUPPLEMENTAL NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC)**

IMMUNIZATIONS SURVEY RESULTS

MISSOURI

Immunization Screening FY 2004

- | | |
|--|------------|
| 1. Number of local agencies reviewed | <u>118</u> |
| 2. Number of local agencies screening infants/children under the age of two at WIC certification using a documented record. | <u>115</u> |
| 3. Number of local agencies who do not screen infants/children under the age of two at WIC certification using a documented record. | <u>3</u> |
| (3a) Of those local agencies that do not screen, number where another program or entity screens and refers WIC children using a documented record. | <u>2</u> |

Please specify which programs/entities screen WIC children:

Immunization Program that works within the Health Clinic

- (3b) Please specify other reasons that local agencies are not screening and referring WIC children using a documented record.

One agency is not screening and referring WIC children using a documented record. They have 100% Hispanic population at one clinic and a 25% Hispanic population at another. Many of their participants have just arrived from Mexico or Guatemala and have no documented shot records with them. We have referred this WIC agency to our State Immunization Program for assistance on how to screen and refer using a documented record.

Reporting of the following information is optional. The information will be useful to the Food and Nutrition Service, but is not required for this review.

- | | |
|--|------------|
| 4. Number of local agencies that conduct immunization screening and referral that goes beyond the minimum protocol outlined in Final WIC Policy Memorandum #WC-01-35-P: Immunization Screening and Referral in WIC (see attached). | <u>81</u> |
| 5. Number of local agencies that are satisfied with the amount of coordination received from immunization programs. | <u>101</u> |

FY 2005 MISSOURI WIC STATE PLAN

REVISED POLICY AND PROCEDURES

FOOD SELECTION CRITERIA

Food Selection Criteria (2.06700)

ER# 2.06700

Authority 2004 7 CFR 246.10(b)

Issued 1/91

Revised 10/04

POLICY: The State agency shall develop and use selection criteria to determine which foods shall be available through the Missouri WIC Program.

PURPOSE: To assure that all foods are considered consistently for inclusion in the WIC program and to assure that the foods available through the WIC program meet the federal regulations.

PROCEDURES:

- A. The state agency will periodically review the food selection criteria to determine if changes, additions, or deletions are needed.
- B. The state agency will conduct a biennial review of all foods currently in use in the Missouri WIC Program, plus review any other foods for which a written request has been received.
 1. In the even numbered years, application forms will be sent to manufacturers and distributors requesting product information, such as nutrient content, packaging, labeling, price, and availability in Missouri.
 2. Products will not be considered for placement on the Missouri WIC Approved Food List for the specified time period if the manufacturer:
 - a. Fails to respond to the request within the specified time frame.
 - b. Fails to include all of the requested information.
 - c. Fails to use the requested format for submitting information.
 3. Products will be evaluated for use in the Missouri WIC Program based on nutrient content, packaging, labeling, availability to wholesale distributors, cost, marketing strategies congruent with WIC goals, consumer confusion regarding packaging, positive health images, participant preference, and other criteria, as necessary. The State reserves the right to limit the number of foods for the WIC Approved Food List based on accessibility, availability and suggested retail store prices. The State reserves the right to remove food items at any time from the Missouri Approved Food List if the food item price increases greater than or equal to 10 percent above its originally submitted suggested retail price.
 4. Criteria for specific types of foods include the following:
 - a. Infant juice:
 - i. Contains 30 milligrams of vitamin C per 100 milliliters.
 - ii. 32 ounce bottles acceptable.

- iii. Single strength infant juice.
- iv. Plain juice.
- b. Infant cereal
 - i. Contains 45 milligrams of iron per 100 grams of dry cereal.
 - ii. Plain with no fruit or other additives.
 - iii. 8 or 16 ounce box size. No jars.
- c. **Milk**
 - i. Pasteurized, unflavored fluid whole milk, which contains 400 International Units of vitamin D per quart. Gallon containers only.
 - ii. Pasteurized, unflavored fluid **skim** or lowfat milk (**1/2 %**, **1%**) or reduced fat milk (**2%**), which contains 400 International Units of vitamin D and 2000 International Units of vitamin A per fluid quart. Gallon containers only.
 - iii. Pasteurized cultured buttermilk, which contains 400 International Units of vitamin D and 2000 International Units of vitamin A per fluid quart. Quart containers only.
 - iv. Evaporated whole milk, which contains 400 International Units of vitamin D per reconstituted quart. 12 ounce cans only.
 - v. Evaporated skim, fat-free or nonfat (< 0.5 gm milk fat per 1 cup) milk, which contains 400 International Units of vitamin D and 2000 International Units of vitamin A per reconstituted quart. 12 ounce cans only.
 - vi. Skim, fat-free or nonfat dry milk (< 0.5 gm milk fat per 1 cup), which contains 400 International Units of vitamin D and 2000 International Units of vitamin A per reconstituted quart. 3 or 8 quart boxes only.
 - vii. Special milk products must meet FDA regulations and will be approved on a case-by-case basis.
 - viii. **No organic milk; no milk in glass bottles.**
- d. **Domestic Cheese (pasteurized processed American; Monterey Jack; Colby; natural Cheddar; Swiss; Brick; Muenster; Provolone; Mozzarella Part-Skim or whole; or a blend of these cheeses):**
 - i. Natural, domestic, plain cheeses, block.
 - ii. No sliced cheese except for store brand/generic American cheese.
 - iii. Must be prepackaged in clear wrap so cheese is visible and must be clearly marked with type of cheese, package weight and price.
 - iv. No cheese foods, spreads, products, shredded cheeses, string cheeses, grated cheeses, or deli cheeses. No added flavors (peppers, wine, smoke flavoring, etc.).
 - v. Store brand or generic only.
 - vi. All pre-packaged weights up to amount issued on food instrument.

- e. **Eggs:**
 - i. Medium, white, grade A or AA.
 - ii. No low cholesterol, no organic, no brown color, no other specialty eggs.
 - iii. "Single" dozen packages only.

- f. **Cereal:**
 - i. Contains at least 28 milligrams of iron per 100 grams of dry cereal.
 - ii. Contains 19.5 grams or less of sucrose and other sugars per 100 grams of dry cereal (5.5 grams per ounce).
 - iii. No 100% fortifications except for folic acid and iron will be acceptable.
 - iv. No aspartame and/or non-nutritive sweeteners.
 - v. 350 mg of sodium or less per ounce.
 - vi. Nationally or non-nationally advertised brands (store or generic).

- g. **Juice**
 - i. Fruit or vegetable juices.
 - ii. Contains a minimum of 30 milligrams of vitamin C per 100 milliliters of single strength juice.
 - iii. 100% natural, unsweetened.
 - iv. No juice drinks, beverages or cocktails.
 - v. No added sugars, aspartame or non-nutritive sweeteners.
 - vi. No food colors.
 - vii. No individual serving size containers/packages.
 - viii. Fluid juice must be packaged in 46-ounce cans or plastic bottles.
 - ix. Frozen concentrate juice must be packaged in 12 oz. containers.
 - x. Shelf stable concentrate juices must be packaged in 11.5 ounce.
 - xi. No glass bottles or cartons.
 - xii. Only pasteurized juice.
 - xiii. All brands of citrus juices, which also meets the price criteria.

- h. **Dried beans and peas, including lentils, black, navy, kidney, garbanzo, soy, pinto, and mung beans, crowder, cow, split and black-eyed peas or a mix of these.**
 - i. Store brand/generic only.
 - ii. One pound bags.
 - iii. No added flavorings or seasonings.

- i. **Peanut butter**
 - i. Store brand/generic only.
 - ii. 18 oz. jar only.
 - iii. Regular (no honey, jelly, low fat, low sodium.), creamy only.
 - iv. No organic

j. Carrots

- i. All brands allowed.
- ii. One or two pounds of plain fresh carrots including baby carrots or frozen.
- iii. Any cut.
- iii. No added flavorings, seasonings, no organic.

k. Tuna

- i. All brands are acceptable.
- ii. Approximately 6-6.5 oz. can.
- iii. Water packed **only**, chunk, solid or grated.
- iv. No low sodium or reduced salt.
- v. No albacore.

C. Manufacturers **must** contact the WIC State Office at least ninety (90) days prior to distribution to their wholesale distributor of an approved product that has been reformulated or has undergone a packaging or labeling change.

- 1. The changed product will be reviewed to determine if it still meets the selection criteria.
- 2. If the Missouri WIC Program is not notified within the correct timeframe, the product will be eliminated from the program when it appears in the changed form on store shelves.